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THE  
HOMŒOPATHIC TREATMENT  
OF  
SURGICAL DISEASES,

BY

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## PREFACE.

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AT the time this little book was projected, so far as my knowledge extended, there was not one line, outside of our periodical literature, that taught the application of our therapeutic principles to the treatment of so-called "Surgical Diseases." A work on this subject has been sorely needed, and our accumulated experience demands a gathering together of this scattered material.

Having had some years ago a case to treat in which a fibroid growth was a prominent symptom, I sought the advice of men grown gray in the service. Heretofore there had been no hesitancy on my part in cutting out such symptoms, supposing them to be the disease *in esse*.

Dr. GUERNSEY had opened my eyes a little, hence a desire to *cure* this case, which could not have been done by an operation. One of those to whom I applied for aid, said, "Treat your patient, never mind the tumor," a maxim but half comprehended at the time. Another said, "Cut it out;" I knew more myself. A third, "I know nothing about it;" just my condition. Being thrown thus upon my own resources, the case was studied, the patient cured, and the tumor disappeared. This case led to further study and experiment, the results of which are found in the following pages.

The attention of the profession has been directed to this study more persistently of late years, but the present work is the first attempt at a systematic treatise, I believe. Being, then, a

“pioneer work,” so to speak, there must be some imperfections; I trust but few inaccuracies.

It may be objected (and I allow that the objection has weight) that works of this character are apt to encourage superficial study of the *Materia Medica*, and, perhaps, tend to perpetuate the absurd custom of treating diseases by name rather than symptoms. It has been the main object of this work to teach, unmistakably, that apart from mechanical injuries (and these are *not* diseases) there can be no such thing as a local disease. Tumors, ulcers, and all kinds of abnormal growths, are simply *symptoms*; peripheral symptoms of a generally diseased organism. A man is wounded; the wound made with a non-poisoned, clean-cutting instrument. The wound does not heal, as it should, but an ulcer is produced. Can this be called a local disease? No! because in ninety-nine other identical cases no ulcer results. It indicates, as before said, a taint, diathesis, predisposition, or what you please to call it, latent in the system, only waiting for a favorable opportunity to be developed in some situation only to be determined by circumstances.

If this is one object of the work, it may be asked, why not give fuller indications for the application of remedies instead of confining them to the local symptoms of the disease under discussion? The answer is easy, and will dispose of the first objection as well.

The student of homœopathy finds one difficulty in studying the *Materia Medica* in connection with surgical diseases. Surgical diseases may be called those which are chiefly recognized through objective symptoms. A new form of tumor is found, i.e., new to the student, and where in our bulky *Materia Medica* will he find its simile? It is not there. A remedy has never developed a tumor during a proving. Applying remedies for symptoms apparently unconnected with this tumor, we have now and then succeeded in causing a disappearance of the growth, and in time the fact creeps into the symptomatology as a “clinical



symptom." Many of these clinical symptoms are only to be found in our periodicals, and many more in private case books. It has been my task to gather as many of these as possible, and thus reduce the number of remedies to be consulted from four hundred in number to a very few. When the objective symptoms are found in the following pages, the *Materia Medica* *must* be consulted for those which are subjective, the union of the two making the true similar, which is the *only* agent that will cure. It is not enough to know there is a cataract to cure, for instance, but we must find a remedy that has a picture of the constitution and little mental peculiarities of our patient as well. I hope that this work will be found to be *a guide* to the *Materia Medica*, and in no sense a substitute for it.

In closing my labors I feel under obligations to return my sincere thanks to Drs. T. C. DUNCAN and H. B. FELLOWS, of Chicago, for the valuable aid they have afforded me in seeing the work through the press. Without their aid it would have been almost impossible to have carried it to a successful termination. Let me ask then, in the language of an "old play," "What of merit may be found give to us three: what of blame give to me alone."

J. G. G.

*January 1, 1873.*



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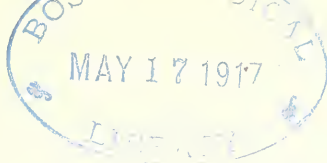
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THE  
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INTRODUCTION.

Among all the books treating on Surgery in our profession, there is not one presenting any thing more than the merest outline of treatment. On operative surgery, and pathology in general, we have, perhaps, books enough; and it is time that we apply our system to the treatment of surgical affections. That we have not yet done so, in the fullest meaning of the word, is evident; for in all our books a few lines are given to remedies, and pages and whole chapters to pathology and operative measures. I do not mean to undervalue these studies, but, rather to make them subordinate to therapeutics. Believing that what we now need is a work on surgical practice purely Homœopathic, with the fullest indications for the use of the remedies, and that the law of similars, the single remedy, and the minimum dose, are just as applicable in surgery as anywhere else, the present pages have been written to help fill this demand.

There being then nothing in our literature treating specially on surgical therapeutics, I had, at the suggestion of several of my professional friends, interleaved a copy of Erichsen, with indications for the selection of remedies, intending to procure, *if possible*, permission to publish a Homœopathic system of surgery based on his work. Circumstances operated against this,

however, and the book was finally completed in its present form; therefore, whatever resemblance this may present to Erichsen's must be attributed to that fact. The object is simply to present reliable indications, gathered from my own clinical experience from well-authenticated reported cases, and confirmed symptoms from the works of Hahnemann, Lippe, Jahr, Boëninghausen, Guernsey, Raue, and others.

For the details of operations and measures of expediency there is no occasion here, as the works of Erichsen, Gross, Smith, and especially the labors of Franklin and Helmuth, have provided us with all that we need on those points; and I take pleasure in referring to the latter in this connection, and acknowledging how much we are indebted to them.



## SURGICAL DISEASES OF THE MIND.

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### SHOCK—TRAUMATIC DELIRIUM.

#### SHOCK.

**SHOCK** is a state of depression or nervous prostration present after all mechanical injuries, and varies in intensity according to the gravity of the accident.

The symptoms accompanying the *immediate* results are, coldness, faintness and trembling; pulse small, weak and fluttering; the mind is shown to be disordered by the face exhibiting mental disquietude, and by anxious and incoherent speech. Death may be the result of shock alone. Even in apparently trivial accidents, the patient may be in a state of physical or mental depression that is sufficient to render the mere shock fatal.

*Remote* effects may not exhibit themselves until considerable time after the accident. A blow has been received, and weeks, or even in some cases months have elapsed, when neuralgia or inflammation is developed, traceable directly to this blow.

**Therapeutics.**—The treatment of shock may be *moral* or medicinal. Often, kind and encouraging words will rally the patient, without any other treatment. An operation should not be performed during the shock; it is best to wait for a reaction. The rule is, in civil practice, wait for reaction; in military, operate as soon as possible after the accident. Many Homœopathic surgeons ignore altogether the use of our remedies in the treatment of shock, depending entirely on stimulants. I have never given them for any disease, and trust I never shall.

The remedies that will be found the most frequently indicated are *Arnica*, *Camphor* and *Opium*. *Acon.*, *Ruta*, *Rhus*, may be, occasionally.

**Arnica** is always more or less useful, and should be administered even if you have to use stimulants. I find it the most useful where there is diarrhœa.

**Opium** is indicated when there is coma; incomplete insensibility; the patient will be aroused for a moment on addressing him in a loud tone of voice, and then relapses into stupor; extremities and face bluish, or of a livid color; loud, stertorous respiration, and coldness of the skin.

**Camphor** is a valuable remedy, and will frequently produce an effect when *Opium* fails. Cold hands and feet, trembling tongue, trembling of the hands and feet on raising them up.

These three remedies have acted beautifully in my hands. As I have had the privilege of treating a great number of cases of accident, they have had a fair trial. Therefore, I would advise: discard all notions of stimulation and stick to Homœopathy.

#### TRAUMATIC DELIRIUM.

TRAUMATIC DELIRIUM is nothing more than Shock modified by existing circumstances. If an individual of a highly nervous or irritable disposition receive a great injury, the shock either degenerates into a delirium, or this condition is present from the first. This delirium is usually of the furious, raving form, though it may occur in almost any form.

There is another form, "irritative," or "nervous delirium," which occurs in persons of a broken-down constitution, and resembles very closely delirium tremens. Like this frightful malady, it is chiefly confined to drunkards.

**Therapeutics.**—In both of these forms we have a variety of remedies to choose from. Among the most prominent are *Acon.*, *Bell.*, *Bryonia*, *Cuprum acet.*, *Cuprum met.*, *Ferrum acet.*, *Hell.*, *Hyos.*, *Ign.*, *Lach.*, and *Stram.*

**Aconite.** Inconsolable lamentations; anguish; piteous howlings; reproaches from trivial causes; disheartening apprehensions; despair; loud moaning, bitter complaints and reproaches; palpitation of the heart; oppressed breathing; increased heat of the body and face; great weariness; apprehensions of approaching death: a strong tendency to be angry or frightened.

**Belladonna.** Melancholy; great anguish about the heart; merry craziness; sings and warbles an air; immoderate laughter;

foolish manners; violent weeping, moaning and howling; fearfulness; despondency; dejection of spirits; apathy; great irritability of the senses; rage; frenzy; bites everything in his way; shy craziness; tries to escape; violent redness of the face; dark, red and bloated face; shining, sparkling eyes.

**Bryonia.** Apprehensions; uneasiness, and dread on account of the future; vehemence; cold sweat on the forehead and head; faintness and nausea on sitting up in bed; has to lie down again: bloated, red and hot face; delirium about the day's business. (Compare *Veratrum alb.*)

**Cuprum acetic.** Great absence of mind; tendency to start; the eyes are sunken, staring, as if riveted in the sockets; cold sweat; spasmodic distortion of the face.

**Cuprum metallicum.** Anguish; restless tossing about and constant weariness; delirium; attacks of craziness and vertigo; slow pulse; flushes of heat: colic; red, inflamed eyes, with wild looks; pale face.

**Ferrum acet.** Vehement; quarrelsome; anxiety; great languor; fainting spells; coldness; want of animal heat; viscid, exhausting sweats; livid or pale face and lips; sometimes fiery red face.

**Helleborus nig.** Silent melancholy; involuntary sighing; obstinate silence; spasmodic rigidity of the limbs, with concussive shaking of the head; general sweat; dulness; confusion of the head; inability to reflect; pale face.

**Hyoscyamus nig.** Indomitable rage; horrid anguish; complains of having been poisoned; raging; desire to go naked day and night; sleepless; screaming; repeated fainting-fits; cold and sour sweat; complete stupefaction; loss of sense; does not know his relatives; red, sparkling eyes; staring, distorted eyes; open eyes, distorted in different directions; bluish face; cold, pale face; or brown-red, swollen face.

**Ignatia.** Great tendency to start; boldness; the slightest contradiction irritates; ill-humor and anger, impatience, irresoluteness; quarrelsome; intolerance of noise; sadness; weeping and laughing almost in one breath; sweat on the face; face pale, red or bluish; involuntary sighing.

**Lachesis.** Feels sad; discouragement and loathing of life; mistrustful, suspicious, doubts everything; peevish, fault-finding; malice; hurriedness and uneasiness; great nervous irritability;

excessive moaning and complaining of one's pains; morbid talkativeness; small and quick pulse; distension of the face; sunken face, showing great suffering; pale face.

**Stramonium.** Indomitable rage; talkativeness; great desire to bite; fear; convulsions; weariness of the mind; subsultus tendinum; spasmodic movements; strong pulse; copious sweat; swollen and red face; sparkling, glistening eyes; staring somnolent eyes.

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## SURGICAL DISEASES OF THE HEAD.

INJURIES OF THE SCALP—COMPRESSION OF THE BRAIN—  
CONCUSSION—IRRITATION—TRAUMATIC ENCEPHALITIS—  
WOUNDS OF THE BRAIN—HERNIA CEREBRI—FUNGUS OF  
THE DURA MATER—FUNGUS OF THE CRANIUM.

INJURIES OF THE SCALP in manufacturing districts are very common, and, although nearly every one knows something about their treatment, I have been surprised to see exhibitions of ignorance that were truly lamentable and unpardonable.

*Contusions* are the most common, and usually the most simple, of all these injuries. They are rarely accompanied with a wound, and require but the simplest treatment. *Arnica*, topically or internally, will, in nearly every instance, effect a cure. When this *does* fail, use *Con.* in the same manner. When there has been much ecchymosis, and the effused blood seems to be firmly coagulated, it is an irresistible temptation to many to open it and turn out the clot. Never do this, as suppuration will surely follow. The only time when it would be at all admissible is when suppuration is already threatening; then the removal of the clot may be useful; not with the hope of preventing suppuration, but of lessening the amount. It sometimes happens that although the blow was not sufficient to rupture the skin, yet concussion of the brain has followed. *Arnica*, in this case, is the most important remedy we have. (See Concussion.) Depression of the skull, with compression from it, as well as compression from effusion of blood, or

lacerated brain, all have occurred with not only the absence of an external wound, but even with no signs of an injury to the skin.

*Lacerated wounds* are the most common injuries in manufacturing districts, being inflicted by belting of machinery. I have seen nearly the whole scalp torn up, and hanging down over the patient's face. Under our treatment, these wounds are most surely healed, with little or no disfigurement.

*Contused* wounds are next in frequency, and are nothing more than bad contusions complicated by an external wound. The chief dread is that of gangrene and sloughing. *Arnica*, or perhaps *Con.*, will, in nearly every instance, prevent this.

*Incised wounds* of the scalp are rarely seen. Wounds, so-called, will often be found on examination to be either lacerated or contused. Should you have such a case, administer *Staph.*, either internally or topically.

**Treatment.**—The proneness of injuries of the scalp to suppuration renders them a very interesting study. Allopathy has no means at her command to prevent suppuration that are at all certain; hence she teaches the certainty of its appearance. They *are* prone to this termination, but seriously, I believe not more so than any other injury. Our remedies certainly act like a charm, and with their use I have had cases that actually suffered more from suppuration after amputations than from scalp wounds. I mean, of course, comparatively.

Remove, first and *always*, all the hair, by shaving, for some distance around the wound. If any arteries spout, close them by torsion. Ligatures act as setons, and greatly increase the formation of pus. Wash the wound carefully with a weak solution of *Calendula*, *Staphisagria* or *Arnica*, according to the nature of the wound, *i. e.*, incised, lacerated or contused, and then carefully inspect the part, to see if the bone has sustained any injury. Never enlarge a wound in this part for the purpose of making it a better shape, and, above all, never cut off any ragged pieces, no matter how small they may be—fit each one carefully in place. If you cut them off, suppuration will surely occur in that spot, and as the skin is very loosely attached, it may spread all over the head. Draw each little point into its proper place, and secure it there by hair-lip pins or silver-wire sutures (silk sutures are as objectionable as ligatures). The dressing of the wound is simple: support each stitch with narrow strips of adhesive plaster, cover

them with a piece of soft linen, folded three or four thicknesses, saturated with a solution of the remedy required; retain the whole in place with a  $\tau$  or  $+$  bandage.

*Calendula* is nearly always sufficient to prevent suppuration, but if it fails, open the wound partially to admit the escape of pus, otherwise the whole scalp may be dissected up.

#### COMPRESSION OF THE BRAIN.

COMPRESSION of the brain is a term used to designate coma, more or less complete; coldness of the face, head and extremities; clammy perspiration; a peculiar "pumping" of the larynx and trachea; stertorous respiration; dilated or contracted pupils, but in either case immovable; frequently frothing at the mouth. Cases have been recorded in which none of these conditions were present, the patient being in full possession of all his faculties, so that no suspicion of compression could be obtained. One of four causes usually operates to produce this state: depressed fracture of the skull; extravasated blood, pus, or some effusion into the cavity; the presence of some foreign body, as a bullet; or the growth of tumors.

*Fracture* of the skull may be simple or compound. Simple fractures are the most common, and the administration of *Acon.*, *Arn.*, *Calend.* or *Symph.* will aid in perfecting a cure.

*Compound fractures* are to be treated on general principles; that is, cleanse the wound, tie the vessels, close it and apply the bandage; use *Calendula* for the wound, which, as soon as it is healed, abandon for *Symphytum*.

*Comminuted fracture* is frequently fatal, and, at the best, is a very serious lesion. The greatest drawback to a successful termination is, that drunken people, or those who from dissipation are broken down in health, are the most subject to it. Some time usually elapses before you see the case, consequently the irritation of the fragments produces serious inflammation of the brain or its meninges. Again, the wound you are obliged to make to extract the fragments is almost sure to suppurate. If a wound is present already, the pieces of bone *may* be extracted through that; and, if possible, avoid enlarging it any. If you have to *make* one, first shave the scalp closely over the place. After the pieces are all removed, the wound cleansed and bleeding stopped, close it, and



administer *Arnica* internally, one dose either dry or in water every three or four hours. If the wound is one made by the same force that produced the fracture, continue the *Arnica*, topically and internally; if it is one you have made, use *Staphisagria* <sup>0</sup> topically, one drop to the ounce, and the 6th or 30th internally.

*Extravasated blood* may produce compression, either by being caused by the fracture or from the rupture of some vessel with no fracture. I say trephine over the place injured, and let it out. The same rule applies to suppurations, or any of the effusions, hydrocephalus excepted. The brain is peculiarly liable to extensive suppuration, and when once it commences, it is almost impossible to arrest it. Therefore, trephine, and let the pus or blood out.

*Foreign bodies* must be extracted, if it can be done without injuring the substance of the brain too much. When the patient has no symptoms of compression, but has received a severe blow on the head, complaining of constant pain and uneasiness, a careful examination must be made; and if no depression be found, the presumption is that there is an extravasation of blood. *Arnica* will usually produce an absorption of this; sometimes, *Conium*. When, with the same absence of fracture, there are symptoms of compression, the same diagnosis may be made, but the indications are to let the blood escape by opening the skull if relief does not follow the use of *Arnica*, etc. If after one or two days the pain has diminished, and suddenly there is a chill, followed by absence of pain or a gradual return to consciousness, succeeded by beating, throbbing and heat, it may be inferred that suppuration has set in, and the trephine will be needed to allow the pus to escape.

Compression may exist without coma, and coma without fracture, as has been shown above. Therefore, be very thorough in examination, and if a depression positively exists, cut down, trephine, and elevate immediately. Here a little skill is necessary, to determine if what appears to be a depression is really one or not. A physician whom I assisted at one time was positive he had a depression to deal with, but on cutting down he found that it was merely a laceration (subcutaneous) of the temporal muscle, with the bone intact. Ecchymosis, or a torn muscle with a wide retraction of the edges, may often deceive. Dr. S. C. WILLIAMS, of North Vassalboro, Maine, told me that he had treated, successfully, four cases of depressed fracture of the skull with *Arnica*

30 alone. He claimed that there was elasticity enough in the membranes to raise this depression, if they were properly set to work. I give this for what it is worth. I believe it.

A dose or two of *Aconite*, followed by *Symphytum* in a high attenuation, had better be used after the operation. If there are no ligatures used, *Calend.* had better be given to close the wound. Use no stitches unless they be of silver, but apply only adhesive strips and light bandaging. Keep the patient perfectly quiet, mentally and physically, and keep him on light diet. No stimulants, and no coffee. Watch him very carefully, for serious diseases of the brain are apt to follow.

#### CONCUSSION.

CONCUSSION of the brain, commonly known as stunning, may be caused by a fall, a blow, or a jar. The more constant symptoms are manifested in two stages; the first, or *primary* group are, insensibility more or less complete; the patient answering if spoken to in a loud voice, but soon relapsing into insensibility again; pulse scarcely perceptible; sphincters relaxed; cold surface; limbs relaxed; dilated, immovable pupils. The secondary or reactionary stage, the circulation becomes re-established; the surface consequently warmer; return of consciousness, and, generally, vomiting. After, this reaction goes on rapidly, and quite often goes too far, resulting in encephalitis, or some kindred affection, of which more will be said further on. The substance of the brain is frequently disorganized in severe concussions, and an autopsy reveals a diffluent mass. Sometimes simple rupture of this organ is produced, which, from the resulting hæmorrhage, causes compression. In all bad cases it is best in forming the prognosis to consider that in grave cases some such lesion is apt to exist, and therefore ultimate recovery is very doubtful.

#### IRRITATION.

IRRITATION of the brain occurs very frequently in connection with injuries of the head. It is a very serious matter, and to irregular practitioners one that usually proves fatal. Even under our own treatment, the results are not as gratifying as we could



wish in every instance. It is often accompanied by laceration of the brain, and frequently occurs in connection with compression and concussion. ERICHSEN gives the briefest catalogue of symptoms. "The patient lies in a state of semi-consciousness, unobservant of what is going on around him, unless spoken to or aroused. He does not, however, lie quietly, but moans, turns himself about, and not unfrequently twists and curls himself forward, with the back bent, and the knees drawn up towards the chest. On being spoken to, he answers in a peevish, irritable manner, if at all, frequently frowning and distorting his countenance, and being evidently pained at any attempt to fix his attention. He is occasionally convulsed, and at other times is seized with fits of violent delirium, shouting and screaming. The pulse is usually slow and feeble, skin cool, and the face pale, with total absence of all signs of inflammation." The treatment for all these lesions will be given together. Suffice it to say here, that no acute disease will be found so hard to treat as this; you must expect failure.

#### TRAUMATIC ENCEPHALITIS.

TRAUMATIC encephalitis, in common with irritation, is produced by injuries, the nature of which, with the extent of the lesion, determines the gravity of the case. It is extremely difficult to diagnose, for what **seems** encephalitis may be suppuration. At all events, as ERICHSEN says, "the symptoms become so mixed up with those of compression and irritation as to make the exact diagnosis of the patient's condition far from easy." The more constant symptoms are coma, or constant delirium; fullness and redness of the face and eyes; beating and strong throbbing of the carotids and temporal arteries. A symptom more diagnostic than almost any other is an involuntary attempt to hold the head with the hands. The pain accompanying inflammation of the substance of this organ is not nearly so acute as that accompanying inflammation of the membranes. Vomiting is also present, and is quite constant and obstinate. Heat is complained of in the head, while the rest of the body is cool. Altogether, it is a very distressing and serious disease, but is not so fatal under our treatment as irritation.

## WOUNDS OF THE BRAIN.

WOUNDS of the brain, of course, may be of any variety, but the lacerated is probably the most common. From them may proceed either irritation or traumatic encephalitis, or both, as well as compression. Close the wound in the skull, if such exist, and prevent inflammation, or inflammation running into suppuration.

The best treatment to be pursued is to give *Aconite* to combat the immediate effects, followed by *Calend.* if the wound is punctured or lacerated, *Arnica* if contused, *Staph.* if incised. After all danger of encephalitis or suppuration has passed, the use of *Symphytum* will produce a reunion of the fractured bone, or a provisional closure of any opening that may exist.

## HERNIA CEREBRI.

HERNIA cerebri is a complication of fractured skull, which, in civil practice, is happily rare. Out of a great number of these cases, I have seen but one with this complication. When a large portion of the cranium is beaten in, and the portion of bone removed, or where there is a long fissure, with great gaping of the edges, a fungous-looking mass will be detected projecting from the opening, pulsating synchronously with the brain, and composed of disintegrated cerebral substance. This is a very dangerous complication, and the treatment is very unsatisfactory. In common with the old school, we are obliged to shave off the mass, and, as it returns, do so again. To this we add the use of *Acon.*, followed by *Calend.* Some claim perfect success; my patient died. The fissure of the bone must be brought as near as possible together, and after all danger of encephalitis or suppuration is passed, *Symphytum* is to be given, to promote bony union. When a piece of the skull is entirely removed, bandage the head firmly, and place a compress over the opening saturated with a very weak solution of *Calendula*. Of course, the hair immediately surrounding the wound is to be all removed.

## FUNGUS OF THE DURA MATER.

THESE fungi are tumors growing from some part of the dura mater, due generally to an injury, a fall or blow; sometimes, however, they appear without any assignable cause. Sooner or later the bone covering the tumor is absorbed, and a protrusion of the mass is noticed immediately under the skin. Until this time there is no certainty in the diagnosis, and, for that matter, there is none even then. The position may be immediately over some one of the principal arteries, and its symptoms and appearance may readily lead one to suppose that he has to deal with an aneurism. There is perceptible pulsation, and the mass may be quite readily pressed back into the cavity of the cranium. There are no constant general symptoms. Usually, symptoms of compression are noticed, and as they, for the most part, occur prior to the absorption of the bone, you can not tell what may be the cause. Indeed, it is not until the bone is very much thinned, and there is considerable prominence at that point, that you can find anything to lead you to suspect the true cause of all the trouble. Indications of some grave cerebral disturbances are usually found, such as epilepsy, syncope, double vision, deafness, but occasionally no such symptoms are seen, and until the tumor is fully developed nothing unusual in the patient's health may be noticed. When the bone is perforated, any attempt to push back the mass is accompanied by giddiness, syncope, and, sometimes, convulsions. The chances of effecting a cure are slight.

## FUNGUS OF THE CRANIUM.

THIS is a growth similar in external appearances to the last variety, but differs from it in many essential points. It grows directly from the cranium, is devoid of pulsation, and can not be pushed back. It is vascular in structure, resembling the pulp of a red gooseberry, or broken down mulberry. The treatment by medicine offers better prospects than the preceding, but if remedies should fail, operative measures are reasonably certain.

The remedies that may be found useful in fungi are mentioned here *suggestively* only, as I am not certain that a cure has ever been effected; in short, I know of no case in which the attempt

has been made. *Why* they should not be curable, it is hard to tell. The remedies are as follows: *Acon.*, *Arn.*, *Ars.*, *Aur.*, *Bell.*, *Calc. c.*, *Calc. ph.*, *Con.*, *Hep.*, *Iod.*, *Merc.*, *Phos.*, *Rhus*, *Ruta*, *Secale*, *Sil.*, *Sulph.*, *Thuja*.

**Treatment.**—The remedies for the different conditions may be stated as follows:

COMPRESSION.—*Arn.*, *Con.*

CONCUSSION.—*Arn.*, *Bell.*, *Calend.*, *Cicuta*, *Con.*, *Gelsem.*, *Hyos.*, *Rhus*, *Stram.*

IRRITATION OF THE BRAIN.—*Arn.*, *Con.*, *Lach.*, *Staph.*

TRAUMATIC ENCEPHALITIS.—*Acon.*, *Arn.*, *Bell.*, *Cupr. acet.*, *Hyos.*, *Merc.*, *Opium*, *Stram.*; *Ars.*, *Bry.*, *Hell.*, *Lach.*, *Rhus*, *Zinc.*

FUNGUS OF THE DURA MATER:

——— Traumatic.—*Acon.*, *Arn.*, *Bell.*, *Con.*, *Hep.*, *Rhus*, *Ruta*.

——— Idiopathic.—*Calc. c.*, *Calc. phos.*, *Phos.*, *Sulph.*, *Bell.*, *Secale*.

——— Congenital.—*Calc.*, *Phos.*

FUNGUS OF THE CRANIUM.—*Ars.*, *Aur.*, *Bell.*, *Calc.*, *Con.*, *Hep.*, *Iod.*, *Merc.*, *Rhus*, *Ruta*, *Sulph.*, *Sil.*, *Thuja*.

As but little can be learned from patients suffering with any of these diseases, if such they may be called, we shall have to confine ourselves as much as possible to objective symptoms.

**Aconitum nap.** Sensitive irritability; fitful mood, changing from one thing to another; sensation of fullness and heaviness in the forehead, with the sensation as if the whole brain would start out of the eyes, with nausea and giddiness; aversion to, or great desire for light; red and hot face; red and pale alternately; redness of one cheek and paleness of the other; when rising up the red face becomes pale; perspiration of the side of the face on which he lies.

*Worse* in the evening and night; also when lying on the left side, when rising, and when the room is warm.

*Better* in the open air, or when he is in fresh air, with the windows open.

**Arnica mont.** Declines to answer any questions; giddiness and nausea when moving and rising; burning heat in the head, the rest of the body is cool; sunken, pale face; redness of one

cheek; hot, red, shining swelling of one cheek; twitching of the muscles.

*Worse* in the morning, evening and night; also from moving the head.

*Better* from contact, even from noise.

**Arsenicum alb.** Delirium; great prostration, with diarrhœa; tearing in the head, with vomiting when raising it up; erysipelas of the head, with burning; general weakness and coldness; the eyes and lips are much inflamed; excessive photophobia; puffiness of the face, especially round the eyes; pale, earthy face; distorted features; death-like countenance; thirst for small quantities, often.

*Worse* at night, *after midnight*, and in the morning; also from cold, cold drinks, lying with the head low.

*Better* from heat in general, and lying with the head high.

**Aurum fol.** Melancholy mood, dejected, inclined to weep, and longing to die; sensation as if a current of air were rushing through the head, if it be not kept warm; the bones of the skull are painful, especially when lying down; vertical half sight; over sensitive to all pain, and to the cold air; hysterical spasms, with laughing and crying alternately.

*Worse* in the morning; also on getting cold, and while reposing.

*Better* from moving, while walking, and on getting warm.  
Right side.

**Belladonna.** Delirium; disinclination to talk, or very fast talking; loss of consciousness; blood vessels on the head and neck enlarged; boring into the pillow; shaking the head; smooth, erysipelatous, hot swelling, first of the face, then extending over the whole head, with stupefaction and delirium, violent headache and fiery eyes; purple, red, hot, or yellow color of the face; face pale and sunken, with distorted, anxious countenance; alternate redness and paleness of the face.

*Worse* in the afternoon, and at night, after midnight; also on moving, from touching the parts, even softly.

*Better* from leaning the head against something.

**Bryonia alba.** Exceedingly irritable, and inclined to be angry; heat of the head, with dark red face (dusky color of face); coldness of the rest of the body; does not drink often, but much at a time; pain in the limbs on moving them; inflammation of the eyes with swelling of the lids; yellow, pale face; or hot, red, bloated face.

*Worse* in the morning, and in the evening; also from motion, and on sitting up in bed.

*Better* while lying down, and on getting warm in bed.

**Calcarea carb.** Thinking is difficult; easily frightened or offended; fullness and heaviness in the head; internal and external sensation of coldness on one side of the head, as if a piece of ice were lying there, with pale puffed face; great weakness and debility from a short walk, or from talking; epileptic attacks at night; fainting, with loss of sight and coldness; sleepy the whole day, and in the evening; falls asleep late; sleeplessness.

*Worse* in the morning, and in the evening; also in the cold air, in the open air, and in wet weather.

*Better* while lying down on the painful side, and after lying down. Right side.

**Calcarea phos.** Vertigo and nausea; headache, with flatulency; dullness, painfulness and heaviness in the head, early in the morning, on awakening; painful feeling of fullness in the head; sensation as if the brain were pressed against the skull.

*Worse* in the open air, from motion, on being touched, from the warmth of the room, and on stooping.

**Calendula off.** Symptoms of compression, with no fracture.

**Cicuta.** Concussion, followed by tonic spasms, and where the base of the brain is the chief point of suffering.

**Conium mac.** Inclination to start, as from fright; very forgetful, can not recall things; giddiness when looking around; vertigo on turning the head in bed; aversion to light, without inflammation of the eyes; things look red; sickly, pale face; pale, purple, bloated face; heat in the face.

*Worse* in the night; also, from being uncovered, and from light.

*Better* from wrapping up warmly

**Cuprum acet.** Delirium; incoherent talking; the head is twisted to one side, falls forward; the head is moved from one side to the other; eyes fixed, staring, sunken; or protruded, glistening eyes; eyes turned upwards; distended muscles of the face; fullness of the face; changed features, full of anguish; bluish face, with bluish lips.

*Worse* from contact.

**Gelsemium.** Paralysis, as one of the remote consequences, in persons of lax fibre.

**Glonoine.** Giddiness when the head is moved; fullness in the



head, as if the brain was expanding itself, was moving in waves; pulsative headache; the more frequent the pulse the more severe the pains; paraplegia.

**Helleborus nig.** Silent melancholy, with great anguish, much moaning, thoughtless staring, and inability to think; loss of memory; stupefaction, and boring with the head in the pillow; staring look; photophobia, without inflammation; pale, yellowish color of the face; very dark urine, sediment like coffee-grounds.

*Worse* in the evening; also from cold air, and motion of the body.

*Better* from warmth.

**Hepar sulph.** Over sensitiveness, with irritability; quick, hasty speech; fainting; giddiness when riding in carriage, or when shaking the head; cold, clammy perspiration, smelling sour, principally on the head and face, with aversion to be uncovered; nodosities on the head, sore to contact; photophobia; objects appear red; fainting from slight pains; weakness in all the limbs, they feel bruised; restless and soporous slumber, with the head bent backward.

*Worse* at night; also from cold, from lying on the painful side; from pressure, and on touching the parts; from single parts getting cold.

*Better* from warmth. Left side.

**Hypericum per.** Convulsions from blows on the head; dull headache, on the vertex, or severe headache, with a beating (hammering) on the top of the head; heat, with delirium; wild, staring look; hot head; throbbing of the carotids; bright red, bloated face; moist hair on the head, and burning heat of body; great oppression and anguish; violent, excruciating pain from lacerated nerves.

**Hyoscyamus nig.** Delirium, without consciousness; does not know anybody, and has no wants except thirst; when spoken to, he gives proper answers, but speedily relapses into delirium and unconsciousness; loss of memory; pulsation of the arteries so violent that the head shakes; the head is shaken or drawn to one side, with loss of consciousness and red, sparkling eyes; contortion of the eyes; heat and redness of the face; swollen, brown-red face; distorted, bluish face, with mouth wide open; great prostration.

*Worse* in the evening; also from being uncovered, and from moving.

*Better* from wrapping up and from warmth.

**Iodum.** Restlessness, with an inclination to move about, not permitting one to sit or sleep; throbbing in the head on every motion; obscuration of sight; double vision; sensitiveness to noise; hardness of hearing; buzzing in the ears; great debility, even talking causes perspiration; great emaciation; restless sleep, with vivid or anxious dreams.

*Worse* in the evening, and at night; also, when lying on the painful side, from pressure, and from warmth.

*Better* from cold. Right side.

**Lachesis.** Nervous irritability; paleness, yellowishness or lead-like color of the face; heat and redness of the otherwise pale face; contraction of the muscles.

*Worse* in the evening, and at night, before midnight; also, after sleep, from moving, or changing the position.

*Better* on shaking the head.

**Mercurius sol.** Continuous moaning and groaning; hurried speech; weakness of memory, forgets everything; vertigo, as if one were in a swing; aversion to light; inflammation of the sclerotic; eyes dim, and without lustre; pale, yellow, earthy color of the face; heat and redness of the cheeks; profuse sweat, not relieving the symptoms.

*Worse* in the evening, and at night; also, from being in a draught, and on getting warm in bed.

*Better* in the morning, and when lying down.

**Opium.** Stupefaction of the senses; loquacious delirium, with open eyes and red face; complete loss of consciousness and sensation, with relaxation of the muscles; pulsation in the head; eyes half open, and turned upward; pupils dilated, and insensible to light; glassy, protruded, immovable eyes; face is bloated, dark-red and hot; face pale, clay-colored, sunken, with red spots on the cheeks; bluish face; the muscles of the face relaxed; the lower lip hangs down; stertorous breathing.

*Worse* when wrapped up warm.

*Better* ———?

**Phosphorus.** Vertigo when rising from the bed in the morning, when rising from a seat, with fainting and falling to the floor; sensation of emptiness in the head, with vertigo; sensation of coldness in the cerebellum, with sensation of stiffness in the brain; mistiness of sight; momentary loss of sight, as from fainting;



hardness of hearing, especially of the human voice; roaring before the ears; great emaciation; nervous debility; trembling in all the limbs from the least exertion; sleepiness in the day-time; long time in getting asleep; wakes frequently.

*Worse* in the evening and at night; also, when lying on the back, or left side, when rising from a seat, and from change of weather.

*Better* when lying on the right side, when rubbing, and after sleeping. Left side.

**Ruta grav.** Anxious and low-spirited, with mental dejection; giddiness in the morning, when rising, when sitting and when walking in the open air; great heat in the head, with much restlessness; the head is externally painful, as if bruised or beaten; a green halo appears around the light in the evening.

*Worse* during rest, and in cold, wet weather.

*Better* by motion. Left side.

**Secale cor.** Great anxiety; fear of death; stupefaction, and unconsciousness; giddiness, as from intoxication; double vision; obscuration of sight; humming and roaring in the ears, with occasional deafness; tetanic spasms; great sleepiness; deep and heavy sleep.

*Worse* at night; also, from motion, from touching the part, when walking, from warmth, and from the heat of the bed.

*Better* from cold, and while standing. Either side.

**Silicea.** Desponding, melancholy, tired of life; vertigo, as if one would fall forward, when stooping, riding, raising the eyes upward, ascending from the neck to the head, with nausea; burning in the head, with pulsations in and sweat on the head; obscuration of sight, as from a gray cover; aversion to light; daylight dazzles the eyes; difficult hearing, especially of the human voice; over-sensitiveness of the hearing to noise; epileptic attacks at night; frequent jerks and startings during sleep.

*Worse* in the night; also, in the open air, from cold, on getting wet, when lying on the painful side, from external pressure, and from change of weather.

*Better* from warmth. Right side (?).

**Sulphur.** Vertigo when sitting, stooping, when rising from the bed and in the morning, with vanishing of sight and inclination to fall on the left side; he feels every step painful in the head; feeling of coldness about the head; obscuration of sight, like

gauze before the eyes; humming in the ears; hardness of hearing, or over-sensitiveness; humming or buzzing in the head; rouses from sleep or stupor in a somnambulist state; great debility and trembling; talking fatigues.

*Worse* in the evening, and at night; also, on getting warm in bed, on rising, from bodily exertion, on talking, while standing and on touching the part.

*Better* during motion, when lying on the right side, from heat, and in dry weather. Left side.

**Thuja occi.** Thoughtlessness; forgetfulness; vertigo on closing the eyes — disappears as soon as he opens them — or, on stooping or on looking upwards or sideways; obscure sight; weakness of the sight; double vision; in the dark, it seems as if there were luminous lights or sparks falling down alongside of the eyes — in the day-time, it is like dark drops; noise in the ears, as if from boiling water; sleeplessness, on account of heat and restlessness.

*Worse* in the evening, at night, and in the morning; also, from cold and wet, and the heat of the bed.

*Better* from warm wet. Left side.

**Rhus tox.** Absence of mind; illusions of the fancy; fullness and heaviness in the head, especially in the forehead, with sensation as if a weight were falling forward on stooping, with heat in the face; erysipelas of the head and face, with vesicles drying up, and forming burning-itching scabs; erysipelas of the eyes, and of the skin around them; aversion to light; face pale and sunken, with blue rings under the eyes, and pointed nose.

*Worse* in the morning, after midnight; also, from cold, cold water, and uncovering the head.

*Better* from moving the parts, from warmth, and on wrapping the head up warmly.

**Staphisagria.** Weakness of memory; rejects angrily whatever is put into his hand; stupefying, pressing headache, as if the brain were compressed; sensation as if the head would burst, particularly in the forehead; countenance sunken; nose peaked; eyes sunken, and blue margins around them.

*Worse* at night, before midnight; also, on being touched.

*Better* from warmth.

**Stramonium.** Loquacious delirium and mania; insensibility to mental depressions; stupefaction, with vanishing of vision and hearing, and convulsive movements of the head; red, inflamed

swollen eyes; staring, glistening eyes; contortion of the eyes and eyelids; pupils dilated and insensible; objects appear blue; red, swollen, turgid face; stupid, distorted countenance; anxiety and fear is expressed in the countenance; distortion of the mouth.

*Worse* in the morning; also on being touched, from looking at shining objects, and on being alone.

*Better* from bright light.

**Zincum met.** Morose, and indisposed to talk; great aversion to the talk of others, and to all noise; weakness of memory; sensation of soreness in the head; pressure on the eyes, they feel as if they were pressed into the head; when lifting up the eyes, he sees numerous flakes; paleness of the face.

*Worse* in the afternoon; also, in a warm room.

*Better* from cool air.

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## SURGICAL DISEASES OF THE FACE.

### WOUNDS OF THE FACE—SALIVARY FISTULÆ.

INJURIES to the face are of more importance than those of other situations, principally from the marring of the features from ugly and contracted cicatrices. To the female portion of the community, this is particularly important.

#### WOUNDS OF THE FACE.

THE most common injuries are wounds and bruises.

**Treatment.**—The indications to be fulfilled are, 1st, promote union by “first intention,” if possible; 2d, if this fails, prevent the formation of pus; 3d, if such an event should occur, make as neat a scar as circumstances will allow.

The first of these indications can almost always be attained, if the patient applies to you early, by the use of the Homœopathic remedy corresponding to the kind of wound. First, cleanse the wound thoroughly. Arrest the hæmorrhage by acupressure or

torsion. When the hæmorrhage has ceased entirely, and the wound is perfectly *dry*, draw the edges together with fine hare-lip pins; or, if the wound does not gape much, use no sutures; only adhesive strips: choose of these, those of isinglass plaster. The edges *must* come together everywhere; leave no part unsupported. *Calendula* will usually prevent the formation of pus, but sometimes fails. When this occurs, give *Hep.* 6 often, say once in two hours. As soon as the first sign of pus is seen, open the wound again. Here the rule of early opening is of particular force; if it be neglected, injury to the bone, or sloughing of a comparatively large portion of the skin, will ensue. This early opening does not *positively* ensure a good scar; it only lessens the danger of a bad one.

#### SALIVARY FISTULÆ.

WOUNDS about the face occasionally result in what is called "*salivary fistula*." "The parotid duct is cut across, in consequence of which the wound does not close, a trickling of saliva taking place on the outside of the cheek," the surface surrounding it being puckered, and somewhat excoriated.

**Treatment.**—Various remedies have been proposed to cure this, but I doubt their efficacy; they are *Caust.*, *Merc.*, *Petrol.*, *Phos.* and *Sil.* The question of an easy cure by *any* means depends upon the condition of the fistula. If the natural opening is closed, it must be re-established before a cure can result. This is best done by passing a small seton through the canal, and withdrawing it as soon as a passage is open for the saliva. When this has been accomplished, or the canal is open all through, freshen the edges, and close it by keeping up firm pressure. It may sometimes be necessary to dissect out the callous lining of the canal before it will close

## SURGICAL DISEASES OF THE EAR.

## OTITIS — OTORRHŒA — DEAFNESS — VARIOUS DISEASES.

## OTITIS.

OTITIS is an inflammation of the external ear, characterized by one-sided headache, heat and throbbing; there is usually noise and throbbing in the ear. The terminations are, an abscess; an intractable ulcer; or, what may be called "resolution." It has sometimes, though rarely, occurred that encephalitis results from this disease, when the symptoms are very severe.

Otitis is either *acute* or *chronic*. The former is very readily cured, and is a simple inflammation, usually dryness of, and severe throbbing in the ear, accompanied by heat. The chronic form, says DUNGLISON, "is often incurable." This only applies, however, to old school medication. We hear it spoken of, sometimes, as *Otalgia*. It is characterized by a profuse discharge from the ear, but, in other respects, is similar to otitis of the acute form, with the prominent symptoms, such as heat and pain, much modified in severity.

## OTORRHŒA.

OTORRHŒA is a disease peculiar to children of a scrofulous diathesis, and is characterized by a discharge of fetid, muco-purulent matter from the ear. We have two varieties here, that are due to inflammation of the mucous surface of the ear, resulting as sequelæ, from colds, etc., also from a disease of the bones in the vicinity, necrosis commonly. If from disease of the bones, it is necessarily of a far more serious character, and the membranes at the base

of the brain become irritated, and convulsions and death usually eventually result. In some cases, phlebitis of the sinuses and of the cerebral veins ensues, and proves fatal (ERICHSEN.) Especially of inflammation of the dura mater resulting from otitis or otorrhœa of the internal ear, and of the petrous portion of the temporal bone, WATSON says, "sometimes acute inflammation arises within the tympanum, when there has been no previous disease; the patient has severe headache and earache; at length a gush of matter comes from the external meatus, but the pain does not, as it usually does in such cases, cease; it continues, or even increases in intensity; the patient begins to shiver; he becomes dull and drowsy; slight delirium, perhaps, occurs; and, by degrees, he sinks into stupor. In some instances, no pus issues externally. More commonly, symptoms of the same kind supervene upon a chronic discharge of purulent matter from the ear. It is scarcely possible to sketch an accurate general picture of this insidious, but most dangerous, complaint." What we hear spoken of so frequently as "gathering in the head," is otorrhœa, and trifling as it is in many cases we have seen, it may be a very serious affair.

#### DEAFNESS.

DEAFNESS may be partial or complete, owing to one of the following conditions: thickening of the inner cuticle of the ear, other obstructions in the external ear from disease, ulceration and perforation of the tympanum, paralysis of the acoustic nerve, and from obstruction in the eustachian tube. The causes that operate to produce these different conditions are the repercussion of eruptions, the result of measles, scarlatina, or small-pox; from the abuse of mercury, and from the sudden arrest of a discharge from the ears, as in otorrhœa.

Deafness not dependent upon some organic lesion of the organs of hearing, is known as either congestive, rheumatic or nervous. TOYNBEE, in his "Aural Surgery," speaks of many of the so-called cases of nervous deafness as quite curable, as they are due to inflammation of the lining membranes of the ear.

In nearly all cases, save some few due to organic lesion, our remedies, properly applied, are capable of producing complete success.



VARIOUS DISEASES

VARIOUS diseases, tumors, ulcers, polypi concretions, etc., are met with in the ear as often as in other locations, and need no farther mention. See "Tumors and Ulcers," if all that is needed for their treatment is not found here.

*Foreign bodies* are frequently introduced into the ear, and give rise to considerable annoyance. They may prove the exciting cause for very destructive inflammations. They are quite readily removed, unless their long presence has caused thickening of the mucous membrane. In this case, that condition must be overcome, or, if it is chronic, the body must be broken up with a drill, and removed piece-meal.

**Therapeutics.**—The remedies of service in these diseases are as follows: *Acon.*, *Alum.*, *Anac.*, *Arn.*, *Asaf.*, *Asar.*, *Aur.*, *Baryta*, *Bell.*, *Borax*, *Bry.*, *Calc. c.*, *Calc. phos.*, *Carbo v.*, *Caut.*, *Cham.*, *Chin.*, *Cicuta*, *Cistus can.*, *Coff.*, *Colch.*, *Dulc.*, *Graph.*, *Hep.*, *Hyos.*, *Kali c.*, *Kreos.*, *Lach.*, *Led.*, *Leptan.*, *Lyc.*, *Mang.*, *Menyan.*, *Merc.*, *Nat. m.*, *Nit. ac.*, *Nux vom.*, *Petrol.*, *Phos.*, *Puls.*, *Sil.*, *Stan.*, *Staph.*, *Sulph.*, *Verat.*

They may be arranged in the form of an index, as follows:

OTITIS—*Acon.*, *Apis*, *Arn.*, *Asar.*, *Bell.*, *Borax*, *Bry.*, *Calc.*, *Caut.*, *Cham.*, *Chin.*, *Dulc.*, *Merc.*, *Nux v.*, *Puls.*, *Sulph.*

ERYSIPELAS OF THE OUTER EAR.—*Bell.*

CHRONIC INFLAMMATION OF THE EAR.—*Alum.*, *Baryt.*, *Con.*, *Hep.*, *Kali*, *Kreos.*, *Lyc.*, *Phos.*, *Stan.*

ULCERATION OF THE EAR.—(See Ulcers.)

OTORRHEA:

—— with Polypi.—*Calc. c.*, *Calc. phos.*, *Sulph.*, *Staph.*

—— with Glandular Swellings.—*Merc.*, *Puls.*

—— with Cephalalgia.—*Bell.*, *Bry.*

—— with Fever.—*Bell.*, *Bry.*

—— with Orchitis.—*Merc.*, *Nux v.*, *Puls.*

—— from Otitis.—*Calc.*, *Merc.*, *Puls.*, *Sulph.*

—— from Abuse of Mercury.—*Asaf.*, *Aur.*, *Nit. ac.*, *Sil.*, *Sulph.*, *Hep.*

—— from Abuse of Sulphur.—*Merc.*, *Puls.*

—— from Caries.—*Aur.*, *Nat. m.*, *Sil.*

—— from a Chill.—*Dulc.*, *Merc.*

—— Catarrhal, or Mucous.—*Bell.*, *Merc.*, *Puls.*, *Sulph.*

OTORRHOEA : Purulent. — *Bell., Hep., Merc., Puls., Sulph., Asaf., Calc., Lach., Nit. ac., Petrol., Sil.*

—— Fœtid. — *Aur., Carbo v., Hep. s., Sil., Sulph.*

—— Sanguineous. — *Cicuta v., Merc., Puls., Sil.*

—— Scrofulous. — *Asaf., Aur., Caust., Kreos., Sulph.*

—— after Exanthemata. — *Puls., Mang., Bell., Colch., Hep. s., Lyc., Menyanth., Merc.*

—— Effects of Suppression of. — *Bell., Bry., Dulc., Merc., Nux v., Puls.*

POLYPI IN THE EAR. — *Calc. c., Calc. phos., Sulph.*

DEAFNESS — Congestive. — *Aur., Bell., Graph., Merc., Phos., Sil.*

—— Nervous. — *Caust., Petrol., Phos.*

—— Catarrhal or Rheumatic, caused by a Chill. — *Ars., Bell., Ledum, Merc., Puls.*

—— from Suppressed Eruptions. — *Sulph., Caust., Graph., Mezer.*

—— from Measles. — *Carbo v., Puls.*

—— from Scarlatina. — *Bell., Hep.*

—— from Small-pox. — *Merc., Sulph.*

—— from Abuse of Quinine. — *Calc., Puls., Carbo v., Hep., Nux v., Sulph.*

—— from Abuse of Mercury. — *Asaf., Nit. ac., Staph.*

—— from Hypertrophy of Tonsils. — *Aur., Merc., Nit. ac., Staph.*

—— from Fevers. — *Arn., Phos., Verat.*

—— from Suppressed Discharge from Nose or Ear. — *Hep., Lach., Led., Bell., Merc., Puls.*

In giving the special indications, the symptoms of the ear alone will be given, as the general symptoms may embrace the whole *Materia Medica*. These should, however, also be consulted when the choice is not very clear.

**Aconite nap.** Tearing in the left ear; roaring in the ears; hearing very sensitive; noise is intolerable.

*Worse* in the evening; also, when lying on the left side, when rising, and when in a warm room.

*Better* in the open air, and when sitting still.

**Alumina.** Stitches in the left ear, in the evening; one ear hot and red; the ear feels as if it had become larger.

*Worse* in the evening, and on alternate days; also, when sitting.

*Better* in the open air.



**Anacardium.** Pressing in the ears, as from a plug; itching in the ear; hardness of hearing.

*Worse* in the morning; also, when lying on the side, and from rubbing.

*Better* during dinner. Left side.

**Arnica mon.** Stitches in and behind the ears; pains in the ears, as if from a bruise.

*Worse* in the morning, evening, or at night; also, on moving, from being touched, and from cold.

*Better* from motion. Left side.

**Apis mel.** Otitis, with stinging pains in the ear.

**Asafoetida.** Hardness of hearing, with discharge of pus from the ears.

*Worse* in the afternoon and evening; also, when sitting still.

*Better* in the open air. Left side.

**Asarum Europ.** Pressure and tension in the region of the orifice of the meatus auditorium; pain, as if from contraction, behind the ears.

*Worse* in the evening; also, in cold and dry weather.

*Better* from wetting the part with cold water. Right side?

**Aurum fol.** Caries of the mastoid process of the temporal bone; foetid otorrhœa; roaring in the ears; over-sensitiveness to the pain, and to cold air.

*Worse* in the morning; also, from cold, and while reposing.

*Better* from moving, while walking, and on getting warm. Left side.

**Baryta carb.** Cracking in the ears when swallowing, when sneezing, and when walking fast.

*Worse* at night; also, when lying on the painful side, or when thinking of the disease.

*Better* when walking in the open air. Right side?

**Belladonna.** Inflammation of the external and internal ear, with discharge of pus; stinging in and behind the ears; humming and roaring in the ears; paralysis of the auditory nerve.

*Worse* in the afternoon and at night; also, from moving, on touching the parts but softly.

*Better* while standing. Right side.

**Borax.** Discharge of pus from the ears, with roaring and hardness of hearing in the left ear.

*Worse* in the evening, from cold, and while lying down in bed.

*Better* from pressure, and from warmth. Left side.

**Bryonia alba.** Sensation as if the ears were obstructed; humming in the ears; intolerance of noise.

*Worse* in the evening, from motion, exertion of the body, and from heat.

*Better* while lying on the painful side, and on getting warm in bed. Left side.

**Calcarea carb.** Deafness, as if caused by obstruction of the ears; frequent humming and rolling, or tinkling, singing, and music in the ears; frequent throbbings, with heat, in the ears; constant dryness of the ears, or else purulent discharge; pressive headache in the forehead; stitches or pulsations in the ears; inflammation of the external and internal ear; polypus of the ear; hardness of hearing, especially after the suppression of intermittent fever by *Quinine*.

*Worse* in the morning and in the evening; also, in the cold, and in wet weather.

*Better* while and after lying down, and from rubbing. Left side?

**Calcarea phos.** Has been used for polypi in the ear.

**Capsicum an.** Aching deep in the ear; swelling behind the ear; painful to touch.

**Carbo veg.** Every evening, heat and redness of the external ear; deficiency of wax; foetid suppuration of the inner ear; pulsation in the ears.

*Worse* in the forenoon and in the morning; also, in the open air, from poultices or pressure.

*Better* after lying down. Left side.

**Causticum.** Sensation of obstruction in the ears, with rumbling, roaring and humming in the head; loud vibrations of all sounds, even of the patient's own voice, in the ear; discharge from the ears; rheumatic pains in the ears and limbs; extraordinary sensitiveness to cold wind; spasmodic pain in the ear, as if the inner parts were pressed out; painful swelling of the external ear.

*Worse* in the evening; also, in the open air.

*Better* in bed, and from heat. Either side.

**Chamomilla.** Otalgia, with stitches and tearing; discharge of thin pus from the ears; sensitive hearing.

*Worse* at night; also, from cold, and when lying down.

*Better* after perspiration. Right side?

**China off.** Humming in the ears, with hardness of hearing; stitches in the ears; heat in the outer ear.

*Worse* at night; also, from touching the parts softly.

*Better* in the room. Either side.

**Cicuta virosa.** Sore pain behind the ear, as after a blow; hæmorrhage from the ears; detonation in the right ear when swallowing; hardness of hearing; burning, suppuration on and around the ears.

*Worse* in the afternoon; also, from cold.

*Better* while in bed, and from warmth. Right side?

**Cistus canad.** Discharge from the ears of water and bad-smelling pus; inner swelling of the ears, with discharge; tetters on and around the ear, extending to the external meatus.

*Worse* in the evening, at night, and in the morning; also, from cold air, when lying down, and from motion.

*Better* in the fresh air.

**Coffea cruda.** Music has a shrill sound to the ears; sense of hearing more acute; the pains are felt intensely, driving one to despair, with inclination to weep.

*Worse* in the morning, and at night; also, in the open air, and from cold.

*Better* from cold water. Either side.

**Colchicum.** Discharge from the ears, with tearing in the ears after measles; stitches in the ears, in the evening; dryness of the ears.

*Worse* in the evening and at night; also while walking, and on being touched.

*Better* while reposing, or sitting. Right side?

**Conium mac.** Stitches in and around the ear; accumulation of ear wax, looking like decayed paper, and mixed with purulent mucus; blood-red cerumen; roaring and humming in both ears.

**Dulcamara.** Dragging pain in the ear, with nausea; stitches in the ears; tingling in the ears; pricking in the ears; complaints brought on by taking cold or getting wet.

*Worse* in the evening; also, when at rest, from cold air, and in wet weather.

*Better* from running about, and from warmth. Left side

**Graphites.** Great dryness in the ears, or purulent otorrhœa; difficulty of hearing, which is sometimes removed from the motion of a carriage, or cars; singing, whistling and tinkling, or humming and thundering in the ears, especially at night; sensation as if the

air penetrated to the eustachian tube; herpes and scabs about the ears, and on different parts of the body.

*Worse* at night; also, from cold.

*Better* on getting warm. Left side.

**Hepar sulph.** Darting pain in the ears; itching of the external ear; discharge of foetid pus from the ear; scurfy eruption on and behind the ear; whizzing and throbbing in the ears, with hardness of hearing; detonation in the ear when blowing the nose.

*Worse* at night; also, from cold, when lying on the painful side, and when touching the parts.

*Better* from warmth. Right side.

**Hyoscyamus nig.** Hard hearing, as if stupefied; buzzing in the ears.

*Worse* in the evening; also from cold, and after lying down.

*Better* on rising, and from warmth. Right side?

**Kali carb.** Stitches in the ears, from within to without; inflammation and suppuration of the ear; itching and tickling in the ears; redness, heat and violent itching of the external ear; cracking in the ears; discharge of yellow liquid cerumen or pus from the ears; inflammation and hard swelling of the parotid glands; dullness of the hearing; singing, whizzing and roaring in the ears.

*Worse* in the morning; also, in the room, after walking, from cold air, and when lying on the side.

*Better* on getting warm, and on walking in the open air. Right side.

**Kreosote.** Stitches in the ears; itching in the ears and the soles of the feet; humid herpes on the ear, with swelling of the cervical glands, and livid, gray complexion; inflammation of the left outer ear, red, hot, swollen; burning proceeding from a pimple in the concha, with stiffness and pain in the left side of the neck, shoulder and arm.

*Worse* in the morning; also, in the open air, and on moving.

*Better* from warmth.

**Lachesis.** Dryness, with want of wax, and hardness of hearing; cerumen too hard and pale, or white, and like pus; painful pulsations, cracking or humming, rolling or drumming noise in the ear, with loud reverberations of all sounds.

*Worse* in the afternoon; also, while lying down.

*Better* from moving. Right side?

**Ledum palustre.** Roaring in the ears, as if from wind; ringing

and whizzing in the ears; hardness of hearing, as if the ear were obstructed by cotton; confusion and giddiness of the head, on the side affected; sensation of torpor of the integuments, especially after suppressed discharge from the ear, nose or eyes.

*Worse* in the evening and at night; also, from heat.

*Better* from cold. Right side.

**Leptandria.** Jahr recommends it, but I can find no symptoms that are at all reliable.

**Lycopodium.** Over-sensitiveness of hearing; music and sounds affect the ear painfully; roaring, humming and whizzing in the ears; sensation as if hot blood rushes into the ears; congestion of blood to the ears; humid, suppurating scurfs on and behind the ears; ulceration and running of pus from the ears; hardness of hearing, the ears being closed, with whizzing singing in the ears, as from boiling water.

*Worse* in the evening, and at night; also, while lying down and when at rest.

*Better* from cold, and in the open air. Right side.

**Manganum.** Pains extend to and concentrate in the ear from other parts; stitches in the ear when talking, laughing, swallowing and walking; hardness of hearing, as if the ears were closed up; they open on blowing the nose, and are affected by the change of weather; cracking in the ears on blowing the nose, and on swallowing; whizzing and rushing in the ear.

*Worse* at night; also, on stooping, and when the parts are touched.

*Better* from pressure. Either side.

**Menyanthes.** Stitches in the ears; cracking in the ears when masticating; feeling of coldness in the ear; running of the ears after exanthemata.

*Worse* in the evening; also during rest and when lying down.

*Better* from motion, and from pressure on the affected part. Either side.

**Mercurius.** Inflammation of the internal and external ear, with stinging pain; soreness of the internal; fungus excrescence in the ear; discharge of pus from the ear, with ulceration of the external ear; pulsative roaring in the ears; hardness of hearing; all sounds vibrate loudly in the ears; the ears feel obstructed, but open when swallowing or blowing the nose; buzzing, roaring or ringing in the ears; ears obstructed from enlarged tonsils.

*Worse* in the evening and at night; also, from the heat of the bed, during perspiration, and when exercising.

*Better* when at rest, and when lying down. Left side.

**Mezereum.** Deafness, and thickening of tympanum after suppressed eruptions of the scalp.

**Natrum mur.** Stitches in the ears; pulsation and beating in the ear; swelling, burning and heat in the ears; hardness of hearing; discharge of pus from the ears; humming, ringing and singing in the ears; painful cracking in the ear when masticating; itching behind the ears.

*Worse* in the morning, and at night; also from talking.

*Better* after lying down, and when lying on the back. Either side.

**Nitric acid.** Stitches in the ear; suppuration and discharge of pus from the ears; hardness of hearing, especially from swelling of the tonsils from *Mercury*; cracking in the ears when masticating; beating and humming in the ears; echo in the ears of one's own speech; caries of the mastoid process; steatoma at the lobe.

*Worse* in the evening and at night; also, on awaking, and on touching the parts.

*Better* while riding in a carriage, and on getting warm. Right side.

**Nux vomica.** Otalgia, with tearing, stinging pains; when he raises his face, tension in the ears; painful, sharp shocks and stitches in the ears, especially in the morning, in bed; pain in the ear on swallowing, as if it were pressed outward; strong reverberations of sound in the ears.

*Worse* in the morning, and at night; also, from a slight touch, and from motion.

*Better* from strong pressure. Right side.

**Petroleum.** Troublesome dryness of the internal ear, or discharge of blood or pus; tinkling, or rolling and humming in the ears; hardness of hearing; humid soreness behind the ears.

*Worse* in the morning and in the evening; also, after a walk in the open air.

*Better* from warmth. Right side?

**Phosphorus.** Hardness of hearing, especially of the human voice; roaring before the ears; reverberations of all sounds, but more particularly words in the ears.

*Worse* in the evening, and at night; also, from lying on the back or left side.



*Better* while lying on the right side, and from rubbing. Right side?

**Pulsatilla.** Otalgia, with darting, tearing pains; inflammation of the external and internal ear, with redness, heat, and swelling; flow of mucus, or thick pus from the ear; hardness of hearing, as if the ears were stopped up, especially from cold, from having the hair cut, or from suppressed measles; hardened black cerumen; humming and tingling in the ears.

*Worse* in the evening, and at night; also from warmth. and while lying on the left or painful side.

*Better* from cold. Right side?

**Silicea.** Otalgia, with stitches out of the ears; itching in the ears; stoppage of the ears, which open at times with a loud report; difficult hearing, especially of the human voice, and during the full moon; over-sensitiveness of the hearing to noise; swelling of the external ear, with discharge of pus from the ear; aches behind the ear; increased secretion of very thin cerumen.

*Worse* in the night, also from cold, from wet, and from external pressure.

*Better* from warmth. Right side.

**Stannum.** Ulceration in the ring-hole in the lobule; screaming in the ears when blowing the nose.

*Worse* in the evening, also when lying on the painless side, after moving, and from talking.

*Better* when lying on the back. Left side?

**Staphisagria.** Hardness of hearing, with swelling of the tonsils, especially after the abuse of *Mercury*.

**Sulphur.** Stinging in the left ear; wabbling in the ears, as if water was in them; discharge of pus from the ears; humming in the ears; hardness of hearing; over-sensitiveness of hearing; itching of the external ear; frequent closing up of the ears.

*Worse* in the evening and at night; also on getting warm in bed, from bodily exertion, when talking, on touching the parts, while at rest, and when swallowing food.

*Better* during motion, from heat, and in dry weather. Right side?

**Veratrum.** Hardness of hearing, as if the ears were stopped up; roaring in the ears, as if from wind; aching in the meatus auditorius.

*Worse* in the morning, also during perspiration, after drinking, and after sleep.

*Better* after perspiration, and from warmth. Right side.

The only *operation* is for polypi, and that need not detain us here. (See tumors).

## SURGICAL DISEASES OF THE EYES.

FOREIGN BODIES IN THE EYE — WOUNDS OF THE EYE —  
OPHTHALMIA — STRABISMUS — PTERYGIUM — OPACITY OF  
CORNEA — CHEMOSIS — ŒDEMA OF LIDS — FISTULA LACHRY-  
MALIS — CATARACT — RETINITIS — IRITIS — MALIGNANT  
DISEASES AND VARIOUS DISEASES.

HERE a word of explanation seems to be necessary. Every physician can readily see that it is almost impossible to treat at length the therapeutics of the eye, in such a work as this, for modern science has almost made ophthalmic practice a distinct profession. Of course the diseases mentioned in this place will only be those that are most frequently met with, and that we know are amenable to treatment. One thing must be remembered in this connection. The chief reason why we have not a more extensive literature on this subject is, that patients are unwilling to resort to a long course of treatment for cataract and other diseases, when so much is promised them by operation, and it is only occasionally that we can keep them under our treatment long enough for them to perceive improvement. Again, until recently, few of our physicians have devoted any special attention to the eye.

### FOREIGN BODIES IN THE EYE.

SAND, ashes, wood, particles of percussion caps, and iron are the substances oftenest found in the eye, and, if allowed to remain, may occasion very serious mischief. In scrofulous or cachectic persons, the inflammation resulting may assume a very obstinate





and serious form. If the particles penetrate the ball, cataract, iritis, opacity, irido-choriditis, and even pan-ophthalmia, may follow, dependent upon the extent of the injury, the structures implicated, and the character of the foreign body. The cornea is so thick, much more so than many would suppose, that pieces of steel from mill-picks or anvils, may be literally dissected out, and if the operation is carefully performed, and followed by the administration of *Acon.*, but little scarring need be apprehended, and if the patient be young, and of good constitution, the opacity may entirely disappear. *Ars.* or *Sulph.*, according to indications, will promptly relieve the irritation felt after the substance has been removed. If the body is on the inner surface of the lids, it must be wiped off with a soft substance, as a camel's-hair pencil, and not by subjecting the sensitive membrane to harsh rubbing with a coarse pocket-handkerchief. Use no local applications in this or any other ophthalmic affection, unless it be water, and then prefer hot to cold.

#### WOUNDS OF THE EYE AND LIDS.

WOUNDS of the cornea that are extensive enough to allow the aqueous humor to flow out, but do not displace the vitreous humor, nor injure the iris, or capsules of the lens, are not very serious; *i. e.*, not as much as is generally supposed. Close the lids, keep them covered with a light bandage. Frequently *Acon.*, followed by *Staph.*, will suffice, in nearly every case, to restore the cornea, and the aqueous humor will be found to be also reproduced. If the hyaloid membrane is ruptured so that a portion of the vitreous humor is displaced, there will certainly be iritis, and perhaps cataract. More care in the treatment is now required, as the displaced portion is very slowly, if ever, restored, and whatever remains in the anterior chamber has to undergo absorption, unless removed through the wound. Total rest of both eyes is indispensable, as the uninjured organ will generally suffer from sympathetic ophthalmia. Keep both eyes covered, and confine the patient to a darkened room. *Acon.*, *Arn.*, *Ars.* and *Sulph.*, are the remedies generally indicated, and if iritis supervenes, *Bry.*, *Bell.*, *Apis.*, *Merc.*, *Rhus.*, or *Calc.*, may be called for.

Wounds of the *lids* are serious on account of the disfigurement that may follow, and the alterations in the lachrymal canal. They

should be closed with fine wire sutures or hair-lip pins, and if the canal is involved, a fine silver wire had better be passed through it by way of the puncta. Wounds of the conjunctiva must be closed with fine wire, or the denuded sclerotic coat may suffer. If not closed, small tumor-like fungoids may spring up, as occasionally after strabismus operations, and be very annoying. Should this happen, the best way is to snip them off with sharp scissors.

#### OPHTHALMIA.

OPHTHALMIA is an inflammation of the eye; when it involves the lids and conjunctiva, it is called *conjunctivitis*. The names given it do not indicate so much the peculiarities of the variety, as the cause. Thus it may be gonorrhœal, syphilitic, strumous, scorbutic or rheumatic. In general, the symptoms may be said to be injection of the conjunctiva, swelling of the lids, disordered vision, pain more or less severe in the head, purulent discharge and perhaps ulceration of the cornea. The symptoms vary according to circumstances, and are often found exceedingly intractable. Local applications, except water, are to be strictly forbidden; and darkness, and perfect bodily rest, enjoined in the worst cases. Very many cases are seen that present peculiar difficulties, from the injurious effects from nitrate of silver and sugar of lead. Recent cases are very readily relieved if care be taken in the selection of a remedy. A cure may often be effected in from 12 to 24 hours. The causes are manifold; exposure to cold, irritating applications to the eye, inoculation from some specific virus, and a constitutional predisposition to purulent inflammation.

#### STRABISMUS.

STRABISMUS is an obliquity in the axis of the eye, caused by a shortening in one of the recti-muscles, either spasmodically, from disease or nervous shock, or existing so congenitally. It may be internal or external, single or double. In congenital cases, it will occasionally be found necessary to operate, but in those resulting from disease, it will scarcely ever be required. In congenital cases, treatment is sought to rectify the deformity, as vision will rarely be impaired; but in the other variety, the obliquity must be overcome,

or serious trouble may ensue. Some little tact is occasionally necessary to determine which eye is effected, and as it requires too much space to enter into it here, I refer the reader to WALTON, or in our own school to ANGELL, or to the forthcoming work of Dr. ALLEN.

#### PTERYGIUM.

PTERYGIUM is a hypertrophied condition of the conjunctiva, assuming the form of a fly's wing, hence its name. It is usually seen in the inner angle of the eye, extending out to the corneal margin, and sometimes beyond. Occasionally you will find two or three in one eye, when they are apt to cover the whole cornea, in time, and of course destroy the sight. If the patient can be retained long enough, a cure may be accomplished by remedies, and if this is found impossible the operation usually employed is simple and efficacious.

#### OPACITY OF THE CORNEA.

THE cornea frequently becomes opaque from infiltrations, consequent upon inflammation, or from injury. When the opacity is caused by scalds or burns, the condition is hopeless. Ulceration frequently leaves small specks of opacity, which can be sometimes removed by medicine. Under all circumstances, however, these cases are very troublesome.

#### CHEMOSIS.

CHEMOSIS is only seen in connection with ophthalmia. It is a puffiness of the conjunctiva, which resembles a ring around the cornea, which latter appears to be sunk into the eye in consequence. Should remedies not act promptly, a small puncture may be made, which will answer the purpose temporarily, but it will soon fill up again.

#### CEDEMA OF THE EYELIDS.

CEDEMA is almost a constant accompaniment of some form of ophthalmia, is sometimes present with other diseases, and does not

differ from œdema in other situations. Care must be taken, however, not to confound it with a collection of pus.

#### FISTULA LACHRYMALIS.

THE lachrymal canal may become narrowed by swelling of the lining membrane, or by the deposit from some inflammatory action. Caries of the bones of the nose very frequently produces this; the fluid being unable to pass through the duct, is collected at some point, usually just at the inner angle of the lower lid, producing considerable swelling, with an exudation from the canal of a few drops of pus on pressure. Should the calibre of the duct not be soon restored, this swelling gives way, and a *fistula* results. Of course the fistula cannot be cured as long as the duct is impervious, and hence you must not look for any sudden closure of it. After the swelling has commenced to discharge is the time you will most frequently see such cases, and it is advisable to make a thorough exploration of the canal before commencing treatment. Sometimes a calcareous body will be met by the probe, which is to be pushed out, and after the inflammation consequent upon the operation is subdued, the fistula will soon close. Under good treatment there is but little occasion to resort to the style to open the tube, and perhaps if called early enough, it may *never* be needed.

#### CATARACT.

CATARACT is an opacity of the crystalline lens, or of its capsule, or of both; the former variety known as *lenticular* cataract, that of the capsule as the *capsular* variety, and the latter as *capsulo-lenticular*. This classification is not as valuable as is generally supposed, as they indicate merely progressive stages of the same disease. That is, in time a lenticular cataract will be a capsulo-lenticular one. We have a further division into the *hard* and *soft*, open to the same objection; as I believe nearly all cataracts commence as soft, and become hard in proportion to their duration. The only benefit to be derived from this last division, is in making choice of an operation; most surgeons preferring needle operations in the soft variety, and extracting in the hard. The appearances, however, are striking in each variety. The soft

cataract can hardly be distinguished, unless in a very good and favorably directed light. They have a bluish cloudy appearance, with whitish spots here and there. The hard kind have a brownish-yellow appearance, are very distinct, but have been confounded with glaucoma. They are more peculiar to old age, although in accordance with my views, it might better be said that cataract becomes hard quicker in old age than in youth.

Capsular cataract is of a dull, chalky-white color; and in the intermediate stages, the lenticular variety is also white, but more glistening, and not such a decided white. You will find more trouble in keeping such cases under treatment than any others. Out of thirty, I have only treated to a conclusion three cases; the rest I operated on, after as long a delay as possible. The causes are injury to the lens, long continued inflammation, or an hereditary predisposition. When from inflammation of the iris, you will generally find an adhesion of this membrane to the capsule, which will materially complicate an operation for extraction. Iritis is apt to follow any operation, but *Acon.*, or *Bry.*, or *Rhus*, will generally control it.

#### RETINITIS.

INFLAMMATION of the retina is rarely seen occurring independently of ophthalmia. When it does, the most characteristic symptoms are deep-seated pain in the ball, intolerance of light, and confused sight; sometimes the ball seems swollen, and protruding. The treatment must be prompt, or the sight will be lost.

#### IRITIS.

INFLAMMATION of the iris rarely occurs unconnected with ophthalmia, unless it be the result of injury, or a complication in some specific disease, as syphilis. Operations for cataract are frequently followed by iritis, more particularly in the case of needle operations. There is pain in the eye, more or less acute, change in the color of the iris, loss of mobility, the iris may be either dilated or contracted, oftener the latter, and is irregular in shape, with serrated edges, the points shooting out over the lens; ordinarily there is also photophobia, conjunctivitis, and aberrations of sight. If allowed to continue long unchecked, suppuration

ensues, which may result in loss of the eye. Frequently there is considerable lymph poured out, which fills both chambers of the eye, looking as if the ball were filled with milk. Sympathetic inflammations of the sound eye are common, hence an additional reason for dispatch, which is only to be assured by a careful selection of the remedy.

#### MALIGNANT DISEASES.

CANCER of the eye, and its appendages, does not differ materially from cancer elsewhere; but as the diagnosis in some respects is difficult, it will be well to enter into a somewhat lengthened description. I shall draw liberally from the work of Mr. WALTON. The forms of cancer most frequently met with in this situation, may be set down in the order of their frequency, as follows: encephaloid, melanosis, epithelial, and scirrhus; the colloid form has never been seen in the eye. The first variety is seen at all ages, but most frequently in children, the others in middle life: old age being particularly obnoxious to scirrhus.

*Encephaloma*: In the earlier stages of this disease there is a yellowish shining, and deep-seated reflection from the bottom of the eye, resembling the appearance of a cat's eye in the dark, or as if a piece of metal were lying there. The iris looks darker than the other, pupil sluggish, and dilated, and vision extinct; there is some external inflammation at times, though not by any means constant. As the disease advances, this metallic appearance is seen to be caused by a tumor springing up from the back of the eyes, "of an irregular rounded form, generally divided superficially into two or three lobes, and traversed by one or two small blood-vessels, which ramify on its surface; in color it varies from a deep orange hue to nearly white, the most usual, perhaps, being a bright canary color. This growth gradually increases in size, approaches the front of the eye, causing absorption of the vitreous humor, and presses upon the lens, which becomes opaque, and in most instances is ultimately absorbed." As the disease progresses, the distension of the coats of the eye by the pressure of the growing mass causes the most excruciating pain; the cornea becomes very thin, and the second stage is completed by the rupture of some of the coats, and the external appearance of the tumor. It may break through posteriorly, through the cornea, or the anterior part of the sclerotica. When



appearing in the orbit posteriorly, the eye is displaced in almost any direction, and in time the growth appears around the edges of the orbit, and soon covers and obliterates the eye. In the last stage the condition as described by WALTON is as follows: "On its first escape it is soft, and generally of a light red or yellowish color; this appearance, however, is rapidly changed as it increases in bulk; the surface becomes irregular, and covered with ulcerations, which discharge profusely; large, livid, and fungoid granulations form, which bleed freely on the slightest touch; interstitial hemorrhage takes place, forming clots in the interior of the growth, while large masses are detached from its surface by sloughing, giving rise to fresh bleeding, in some instances so profuse as to prove the immediate cause of death. No diminution in the size of the tumor ensues on the separation of the sloughs; on the contrary, the growth seems to take place with increased vigor, and is limited only by the length of time that the patient survives, \* \* \* \* The skin of the distended eyelids, and of the adjoining parts of the face, assumes a dark livid hue, and is traversed by large varicose veins; and the glands of the neck, and under the lower jaw, are enlarged, and, in exceptional cases, proceed to ulceration." Death is due to exhaustion, deposits in some of the viscera, or hemorrhage. It is the most formidable disease to treat that I have any knowledge of, and failure is oftener the result than success.

*Melanosia* is very difficult to detect until the tumor is forced through the sclerotica. In the commencement there is loss of vision with no apparent morbid growth, nothing to distinguish it from amaurosis, although sometimes there can be seen a small slate-colored tumor deep in the eye. The tumor, when it has burst through the distended eye, is dark, almost black in color, and sloughs, and bleeds just as encephaloma does. The progress and termination are about identical, only differing in the size of the growth, which rarely, if ever, attains the size of the former.

*Scirrhus* is rarely seen in the eye-ball, though deposits occur in its immediate neighborhood, *e. g.*, in the orbit, and ultimately involve the eye, although the well-known resistance of cartilaginous structures to scirrhus infiltration, offers a long interval between the first appearance of the tumor, or of displacement of the eye, and the final involvement of the whole organ. The same applies to epithelioma. So much for cancer as connected with the eye; in

other respects the symptoms are identical with those to be described in the Chapter on Tumors.

#### VARIOUS DISEASES.

Of other diseases we can speak but briefly, making it more a dictionary than anything else. Thus *Amaurosis* is blindness, with no apparent structural change. *Aneurisms*, and *Varix*, differ in nothing from the same condition in other situations. The same is true of *Caries* of the orbit, and *Abscess*. Other diseases are of no interest in this connection, as it is extremely problematical whether they can be cured by medicine. Among these we may class Ectropium, and its opposites, Trichiasis, Ptosis, etc., notwithstanding we are told they are curable. I have tried frequently, and, at the best, have seen little more than a "slight improvement." Until we are more assured by success, I prefer to consider it doubtful.

**Treatment.**—In these diseases, above all others, what is called "constitutional treatment" is the only course to pursue. Topical treatment is useless, and as those who practice it generally use crude medicines for that purpose, I have no hesitancy in saying it is also positively hurtful. While a strenuous advocate of the high attenuations, I deem it a matter for "private judgment" in general practice, merely *suggesting* their advantages, but in these cases, I deprecate the use of any other preparations. In acute cases, give a dose of the proper remedy once in two, three, or four hours, until an effect is produced, then cease for as long as improvement continues. In chronic cases, give a dose but once in five or seven days, until improvement commences, then discontinue the medicine as above. As said in another place, the difficulty experienced in keeping patients under our treatment in these diseases, has operated against our having as much clinical experience as the subject demands. This seems to make it incumbent upon each one of us to contribute whatever knowledge he may have, so that homœopathic ophthalmology may occupy the same exalted position held by other departments of our art.

The remedies most frequently called for, are arranged in the customary "Index" form, and whatever there may be of meagreness in the indications, is owing to the neglect of our school in working this field. I must again refer to Drs. ANGELL and ALLEN all who are desirous of a thorough knowledge of the subject.



WOUNDS OF EYE:

- Conditions resulting from.— *Acon.*, *Arn.*, *Ars.*, *Sulph.*
- Iritis from.— *Apis*, *Bell.*, *Bry.*, *Calc.*, *Merc.*, *Puls.*, *Rhus.*

INFLAMMATION:

- Whole Eye.— *Acon.*, *Ars.*, *Croc.*, *Merc.*, *Puls.*, *Sulph.*
- Cornea.— *Ars.*, *Calc.*, *Euph.*, *Hep.*, *Sulph.*
- Sclerotica.— *Merc.*, *Sulph.*
- Conjunctiva.— *Ars.*, *Bell.*, *Puls.*, *Merc.*, *Sulph.*

OPHTHALMIA:

- Of the New Born.— *Acon.*, *Calc.*, *Dulc.*, *Euph.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Rhus*, *Sulph.*
- Chronic.— *Ars.*, *Calc.*, *Euph.*, *Sep.*, *Sulph.*
- Arthritic.— *Acon.*, *Bell.*, *Calc.*, *Cocc.*, *Coloc.*, *Lyc.*, *Spig.*
- Catarrhal.— *Ars.*, *Bell.*, *Euph.*, *Hep. s.*, *Merc.*, *Nux v.*, *Puls.*
- Gonorrhœal.— *Acon.*, *Chin.*, *Nit. ac.*, *Puls.*, *Apis*, *Sulph.*
- Rheumatic.— *Acon.*, *Bry.*, *Euph.*, *Merc.*, *Puls.*, *Rhus*, *Spig.*, *Sulph.*, *Verat.*
- Scrofulous.— *Bell.*, *Calc.*, *Hep.*, *Graph.*, *Merc.*, *Nit. ac.*, *Puls.*, *Sulph.*

STRABISMUS.— *Alumin.*, *Bell.*, *Hyos.*

PTERYGIUM.— *Zinc*, *Apis*, *Ars.*, *Sulph.*, *Rhatan.*

CORNEA:

- Opacity of.— *Apis*, *Calc.*, *Euph.*, *Nit. ac.*, *Sulph.*
- Spots on.— *Euph.*, *Nit. ac.*, *Sulph.*
- Thickening of.— *Calc.*, *Cann.*, *Nit. ac.*
- Staphyloma of.— *Apis*, *Lyc.*
- Ulceration of.— *Acon.*, *Ars.*, *Calc.*, *Caust.*, *Hep.*, *Graph.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Sil.*, *Sulph.*

CHEMOSIS.— *Apis*, *Ars.*, *Bell.*, *Nux v.*, *Sulph.*

ŒDEMA OF LIDS.— *Apis*, *Ars.*, *Bry.*, *Merc.*, *Rhus*, *Sulph.*

OBSTRUCTION OF THE LACHRYMAL DUCT.— *Acon.*, *Apis*, *Ars.*, *Bell.*, *Calc.*, *Euph.*, *Sep.*, *Sulph.*

FISTULA LACRYMALIS.— *Sulph.*, *Bell.*, *Calc.*, *Lyc.*, *Nat. m.*, *Puls.*, *Stan.*, *Sil.*

CATARACT.— *Sulph.*, *Calc.*, *Cannab.*, *Con.*, *Euph.*, *Lyc.*, *Magnes.*, *Sarsap.*, *Sil.*

RETINITIS.— *Acon.*, *Bell.*, *Bry.*, *Calc.*, *Merc.*, *Puls.*, *Rhus*, *Sil.*, *Sulph.*

IRITIS. — *Acon.*, *Ars.*, *Arn.*, *Bell.*, *Bry.*, *Calc.*, *Con.*, *Dulc.*, *Euph.*,  
*Merc.*, *Nux v.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Sulph.*

AMAUROSIS. — *Aur.*, *Calc.*, *Chin.*, *Dros.*, *Merc.*, *Nat. m.*, *Phos.*,  
*Sep.*, *Sil.*, *Sulph.*

On page 77 of HEMPEL's edition of JAHR's "Forty Years' Practice," he (HEMPEL) says: "In purulent ophthalmia of new-born infants it is absolutely necessary to apply a feeble solution of Nitrate of Silver." With the greatest respect for Dr. HEMPEL's learning, I must say here that I consider that he is in error. If Nitrate of Silver is not indicated homœopathically, a *cure* can not follow its use; and if it *is* indicated, the potentized remedy will more speedily produce the desired effect. I have cured many a case with two doses of *Acon.* 200, and never saw one yet when it was "absolutely necessary" to use a wash of this kind.

**Aconite nap.** Eyes red and inflamed, with deep redness of the vessels; intolerable pains; acute ophthalmia; profuse lachrymation; frightful inflammation of eyes, with lachrymation; transitory blindness in many cases; heat and burning in eyes, with pressive and shooting pains, especially on moving the balls; swelling of the eyes; dilated pupils; dryness; heaviness and pressure of the upper eye-lids; inflammatory swelling of the lids, especially in the morning; eyes sparkling, convulsed, and prominent; look fixed; excessive photophobia; or a strong desire for light; black spots and mist before the eyes.

*Worse* at night; also from taking cold, wine, or heated food; and from sun-light.

*Better* when sitting. Left side.

**Alumina.** Stitches in the eyes; congestions in; sensation of coldness in the eyes and lids; swelling of the lids; inclination to stare; squinting; spasmodic contraction of eyelids at night with violent pain on opening them; dim-sightedness as from a mist, compelling him to rub the eyes; lachrymation during the day, agglutination at night.

*Worse* in the afternoon, and on alternate days; also when sitting in the room.

*Better* from moderate exercise, and in the open air. Right side.

**Apis mel.** Quivering and twitching of the left eyeball, especially at nights; burning stinging in the right eye, commencing with a dull heaviness, causing flow of water; stinging, itching in the eyes, eyelids, and around the eye; slight agglutination of the eyes at

night, has to pick them open in the morning; soreness, redness of the eyes and lids, secretion of mucus and agglutination of the lids, attended with nettle-rash over the surface; eyelids erysipelatously inflamed; weak eyes for several days, with photophobia; œdematous swelling of the lids; sensitive to light; smoky opacity of cornea, occasioning almost entire loss of sight; redness and smarting of lids; puffy swelling of the lids, and around the eyes, with sensation of burning, and stiffness of the integuments; acute pain in the eyeballs; slight inflammation of the lachrymal sac; conjunctivitis with burning pain, increased flow of tears, and sensitiveness to light.

*Worse* at night; also from heat.

*Better* from cold. Left side principally.

**Argent nit.** Itching and smarting of the canthi; aching pain, deep in the eye, early in the morning; pressure in the eyes as if too full, heat and pain in the ball when moving or touching it; mucus flocks, impeding sight; redness of the eye, with feeling as if from a grain of sand; sees through a mist; swollen puncta; cluster of intensely red vessels extend from the inner canthus to cornea; conjunctiva is puckered and interstitially distended; conjunctiva of lids (and eyes?) as red as blood; conjunctiva is swollen, red and congestive around the cornea towards the inner canthus; letters become blurred, and sight vanishes when reading or writing; fiery bodies and flashes before the eyes in the morning and in the dark; a large part of the cornea is covered with a white, opaque, apparently dense, but not very deeply penetrating spot; contraction of pupil.

*Worse* in the evening; also from heat.

*Better* from cold open air. Left side?

**Arnica mon.** Faint, dim eyes, without luster; contracted pupils, with cloudiness of the head; slight protrusion of the right eye; painful, dull, intermittent pressure in the margin of the left orbit; eyes half closed; ophthalmia from mechanical injuries; obscuration of sight.

*Worse* in the morning, evening, and at night; also when moving, from touching, and cold.

*Better* from warmth.

**Arsenicum alb.** Pains in the eyes, which oblige him to lie down; lacerating in the; stinging-burning in the eyes; burning in the; ophthalmia violent, with intense redness and conjunctivitis,

and dark redness and congestion of the vessels; inflamed eyes from having stood in the water; specks and ulcers on the cornea; violent inflammatory swelling of the lids, with œdema; faint protruded staring eyes, without luster, and turned upward; dryness of the lids, especially the edges, with pain on moving them, as if they rubbed the eye; profuse lachrymation; the tears are acid and corrosive; nightly agglutination; spasmodic closing of the eyes, especially when looking into the light; photomania; obstruction of sight.

*Worse* in the early morning; also from cold, lying on the painful side, and from sun-light.

*Better* from warmth. Left side.

**Aurum met.** Pressure in the eyes as from some foreign body; tension in the eyes, with diminished sight; red swelling of lids in scrofulous persons, with styes; distended, protruded eyes; indistinct sight, as if black gauze were drawn over the eyes; half sight as if the upper part of the eyes were covered with a dark body; double sight; fiery sparks before the eyes; specks on the cornea.

*Worse* in the morning; also on getting cold, and while reposing.

*Better* from warmth. Left side.

**Belladonna.** Entropium? throbbing pain in lower lids, towards the inner canthus, the spot is swollen and inflamed; after waking in the morning, the eyelids close again spontaneously; itching stitches in the inner canthi, which only go off while rubbing; inner canthi of the left side is very painful, even when lightly touched; smarting in both eyes; salty water continually runs from the eyes; feeling of burning dryness in both eyes; pain and burning in the eyes; photophobia, with spasmodic movements of the eyes, occasioned by the light; interstitial distension of the sclerotica; specks on, and thickening, and ulcers of, the cornea; hæmorrhage and ecchymosis of the eye; stitches in the eye, from without inwards; tingling and pressure in the eyes, they feel as if full of sand; pain in the orbits; the eyes feel as if being torn out, (sometimes as if pressed in); lacerating in the eyes, extending from the inner canthus; dilated immovable pupils, they remain dilated even when the light is held quite near; vision is at times extinct, at times only diminished, with enormously dilated pupils; things look dim and black; cannot read anything printed; dimness of sight, alternating with cramps of the hands and feet; when reading the letters look blurred, and blue and gold colored; ring around the light, of

several colors, more particularly red; double sight; inverted vision; eyeballs turn convulsively in a circle; spasm of eyes.

*Worse* in the afternoon and at night; also from softly touching them when walking in the wind, when looking at glistening objects, and from candle light.

*Better* while lying down. Right side.

**Borax.** Soreness in the external canthi; burning in the eyes; the eyelashes turn themselves inwards into the eye, especially in external canthus, inflaming it. (?) Inflammation of the borders of the eyelids, in infants; at night the eyes close with a hard, dry gum, which irritates the eyes, like sand.

**Bryonia alba.** The eyes are painful when touching them; pressure in the eyes, as if pressed out of the head; pressure in eyes as of sand or smoke, particularly early in the morning, on awaking; lancination in the eyes; burning in the eyes, and in the edges of lids, with biting and itching; redness and inflammation of the lids, with swelling, pressure, heat, and nightly agglutination (particularly of upper lids); painful swelling of one eye, without redness, with discharge of pus, and dark-red puffed conjunctiva; furfuraceous herpes on upper lip, with burning itching; frequent lachrymation, particularly in the open air, and when the sun shines brightly, with dim vision; obscuration of sight, or else flames before the eyes; stitches in the eyes; eye feels too large for the orbit, and painful on turning.

*Worse* at night, and in the morning; also from heat, in the open air, from motion, and from light of sun.

*Better* on getting warm in bed, and when sitting quiet. Left side.

**Calcarea carb.** Pain as if pressed in, in the eyes; pressure in eyes in evening; stitches in the eye and head (during menses); cutting in eyes and lids, when reading by candle-light; itching in eyes in evening; itching in canthi; pain as from excoriation in the lower lid; feeling of heat in the eyes, with heaviness in upper lids; burning in the eyes when closing the lids; swelling and redness of the lids, becoming agglutinated every night; in the day time eyes full of gum, with feeling of excoriation, heat and soreness, and lachrymation; lachrymation when writing; eyes look watery, and lids are agglutinated every morning; slight twitching in upper eyelids, with feeling as if eyes were moving spontaneously; dilatation of pupils, a darkness or sense of blackness sometimes

shoots across the eye; sensation as of feathers before the eyes; sensation as of a gauze before the eyes, in inner canthi; dancing wavelets of light, or fiery sparks, before the eyes, on awaking early in the morning; dimness of cornea; bright light dazzles the eyes.

*Worse* in the morning or evening; also from light of any kind.

*Better* from warmth. Right side.

**Causticum.** Ophthalmia resulting from repelled cutaneous affections; eyelids feel weak and tired, can hardly open them; warts about eyes, or on the lids; burning and itching of the eyes and eyelids; acrid lachrymation; painful stitches darting into the head from around the eyes; momentary obscuration of sight when blowing the nose, or at other times; dim-sightedness as from a mist or veil before the eyes, increased by rubbing them, and can not be rubbed away; sight wavering and confused; when the eyes become painful, colored wheels or green halo are seen about the light; movements before the eyes as of a swarm of insects, dimness of sight as from an incipient cataract, with periodical attacks of excruciating neuralgia, each seeming to increase the dimness of vision.

**Cannabis sat.** Cornea becomes opaque; specks and pellicle on the cornea; sensation of spasmodic drawing in the eyes; weakness of the eyes, and diminished vision; pressure with lacerating in the upper eyelid.

*Worse* in the forenoon, and at night; also during motion or exercise.

*Better* from rest. Right side.

**China off.** Pressure in the eyes, as from drowsiness; pressure in the margin of the orbit, from without inwards; pressure as from sand in the eye, when moving the ball; itching in the lids; redness of the eyes, with heat and burning with pressure; lachrymation, with painful tingling on inner surface of lids; yellowness of conjunctiva; dim appearance of the cornea, and smoky feeling in the bottom of the eyes; faint, protruded eyes; the pupils incline to contract, or else they are very much dilated and insensible; flickering before the eyes, and black motes; dimness and weakness of sight; when reading the letters look pale, with a white border, and confluent; incipient amaurosis, particularly in drunkards (or after loss of animal fluids?); photophobia; sensitiveness to bright sun-



(pain in the eyes, worse from a slight touch, relieved by strong pressure. G.)

*Worse* at night; also from a light touch, and sunlight.

*Better* in the room, and from strong pressure. Left side.

**Cocculus ind.** Pressure in both eyes, as if from dust; dim sight; flies and black spots before the eyes, moving as the eyes move, yet without impairing vision; dilatation of pupils; pain in the eyes, as if torn out of the head; aching of the eyes, which can not be opened at night; when reading a short time the print is all blurred; obscure vision; dryness of the eyelids.

*Worse* at night; also, after reading.

*Better* in the house or room.

**Colocynthis.** Burning-cutting in the eye, also, in the lower lid of the right eye, when at rest; cutting, as with knives, in the right eyeball, extending to the root of the nose; discharge of an acrid fluid from the eyes; sensitive pressure in the eye, especially when stooping.

*Worse* in the afternoon and evening; also, when bending over. Right side.

**Conium mac.** Itching and piercing pains in the canthi, or a smarting as if some acrid substance had been introduced into the eye. Pressure in the eyes, especially when reading; feeling of coldness in the eyes during a walk in the open air; drawing pain and redness of the eyes; heat and burning in eyes; inflamed lids, with incipient styes in some places, and frequent winking; yellowish color of the eyes; tremulous look, as if the eyes were trembling; dazzling of eyes from light of day; photophobia, with pale redness of the eyeball, or partial congestion of the conjunctiva; obstruction of sight; red appearance of objects; dark points and colored streaks in the room; short-sightedness increases; aversion to light without inflammation of the eyes; abundant acrid tears, overflowing the lid; aching in the eyeballs, increased by reading in the evening, and by closing the eyes.

*Worse* in the morning and at night; also, from light, more particularly of the sun.

*Better* in the dark, and when moving about. Right side.

**Drosera rot.** Itching and agglutination of the eyelids; pusbyopia, with weakness of the eyes, and sudden and repeated vibrations before the eyes; gauze before the eyes, with blurred

and pale appearance of the letters when reading; eyes dazzled by light; stitches in the eyes when stooping.

*Worse* at night, toward morning; also, from candle-light, or sunlight.

*Better* when standing erect. Left side?

**Dulcamara.** Contractive pain in the margin of the orbits; complaints of the eyes from being wet; pressure in the eyes, made worse by reading; twitching of the eyelids in cold air; sparks before the eyes; sees things as if through a gauze; sensation as if fire were darting out of the eyes when walking in the sun or in a room.

*Worse* in the evening; also, when at rest; from cold; in cold, damp weather.

*Better* from warmth, and when in motion.

**Euphrasia off.** Smarting in the eyes as from sand; stinging in the eyes from bright light; inflammation and ulceration of the margin of the eyelids; inflamed cornea; blueness and obscuration of, and pellicle over, the cornea; swelling of the eyelids, particularly the lower; fine eruption around the eyes; burning and smarting lachrymation, particularly in the wind; photophobia, and pain from looking at the light; gum in the canthi; purulent, with nightly agglutination; rheumatic ophthalmia, almost blinding him; dryness and pressure in the eyes; stitches in the eyes from a bright light; acrid lachrymation, with mild coryza.

*Worse* in the evening; also, in the wind, in daylight, and the light of sun.

*Better* from warmth? Right side?

**Graphites.** Pressure in the lids, as from sand; pressure in the right eyebrow, extending through the whole eye; violent stitch through the right eye; smarting, with heat in the eyes; coldness over the eyes; redness of whites of eyes, with lachrymation and photophobia; redness and painful inflammation of the lower eyelid and internal canthi; swelling of lids and lachrymal gland; frequent lachrymation of the eyes, with pressure in them, and stinging; agglutination early in the morning; intolerance of light; light dazzles the eyes.

*Worse* at night; also, from cold, and light, daylight particularly.

*Better* from warmth. Right side?

**Gelseminum.** Eyes feel bruised; great heaviness of the eyelids, can not keep them open; eyes much inflamed, and weak, with



great flow of tears; pricking pains, extending into or from the ball and adjacent parts; double vision, controllable by the strength of the will, or when looking sideways, not when looking straight forwards; distant objects look obscure (asthenopia); dimness of vision, like smoke before the eyes; aversion to light, more to candle-light.

**Hepar sulph.** Pressure in the eyes, especially when moving them; pain in the eyes, violent, as if pulled out of the head; dull stitch in the eye; boring pain in the upper bones of the orbit; redness, inflammation, and swelling of the upper eyelid, with aching and stinging; erysipelatous inflammation of the eyes, with soreness and bruised pain of the lids on touching them; inflammation of the meibomian glands; suppuration; styes; little pimples surround the inflamed eye; lachrymation; specks and ulcers on cornea; protruded eyes; obscuration of sight when reading; twinkling before the eyes; eyes ache from the bright light of day when moving them; spasmodically closed eyes at night; objects appear red, after abuse of *Mercury*.

*Worse* at night; also, from cold, daylight, pressure, or on being touched.

*Better* from warmth. Left side.

**Lycopodium.** Pressure as from dust in the eyes; bruised pain in the eyes; tensive pain in the left eye; stitches in the eyes, without any redness; itching in the canthi; smarting, burning in eyes; inflamed aching lids, with nightly agglutination in outer canthi; hordeolum; purulent gum in eyes, with smarting pain; mucus in eyes; dryness of eyes in the evening; dim, hot eyes; spasmodic twitching of lower lid; sight weak; black spots hover before the eyes at a short distance; twinkling before the eyes when going to bed; sparks before the eyes in the dark; blackness before the eyes; sensation of vibration before the eyes; stitches and soreness in eyes when looking at light in the evening; sight obscured, as if from feathers before the eyes; half sight, perpendicular; eyes wide open, fixed, and insensible to light.

*Worse* in afternoon and evening; also, when lying down, from wet warmth, and from artificial light.

*Better* from cold. Right side.

**Magnesia carbon.** Pressure around the eyes towards evening; lacerating in the eyes, followed by lachrymation; burning and stinging in the eyes, which look injected; agglutinated lids early

in the morning; obscuration of cornea; mist before the eyes; black motes before the eyes; swelling of the eyes; dryness of the eyes.

*Worse* at night; also, when at rest, and from light of day.

*Better* during motion. Left side?

**Mercurius sol.** Swelling of the eyelids; they are covered on the edges with scurfs and ulcers; much purulent matter under the lids, which pours out on opening them. Pressure in the eyes, as from sand; stitches in the eyes; cutting under the lid, as from a sharp body; itching in the eyes; heat in the eyes; burning in the eyes; inflammation of both eyes; a number of red vessels become visible in the sclerotica; injection of outer canthus; lachrymation of both eyes in the morning; considerable redness and swelling, with constrictive closing of the lids; pustules on the conjunctiva; ulcers on the cornea; scurfs around the eyes; eyes dim, without luster; dilated pupils; black points before the eyes; complete vanishing of sight for five minutes; mistiness before one or both eyes; dim-sightedness; illusions of sight; pain in the eyes, intolerable, which is not relieved by either hot or cold applications, which, on the contrary, seem to increase the pain; aversion to light, and to looking into the fire.

*Worse* at night; also from the heat of bed, heat in general, and from artificial light.

*Better* from cold? Right side.

**Natrum mur.** Sensation as if sand were in the eyes; pain as from excoriation in the eyes; violent burning of the eyes in the evening; boring pain in the eyes; redness and inflammation of the white of the eyes, with sensation as if the balls were too large, and pressed; ulceration and great redness of the lower lids; lachrymation in the open air; acrid tears in the eyes early in the morning, making the canthi red and sore; viscous matter in the outer canthus; dry feeling in the eyes, as after long weeping; spasmodic closing of the eyelids; dimness and obscuration of sight; dim sight in the morning; gauze before the eyes; letters and sewing stitches become blurred when looking at them; objects are seen through feathers, particularly white objects; vanishing of sight; diplopia; black points before the eyes, and streaks of light; a small fiery point before the eyes, which remains wherever she looks; sees a fiery zig-zag appearance around all things; one half the object is visible, the other half dark.

*Worse* in the morning, and in the evening; also, when stooping, walking, reading, writing.

*Better* when at rest. Right side.

**Nitric acid.** Pressure in the eyes, as if pressing on an ulcer; stitches in the eyes; smarting sensation in the eyes; burning in the eyes and left temple; swelling of the lids; suppuration of eyes; dark spots on the cornea; lachrymation; paralysis of the upper lid; difficult contraction of pupils; photophobia; obscuration of sight when reading; sight becomes dim, objects appearing dark; in the open air suddenly becomes as if blind deranged; gray spots before the eyes; muscæ-volitantes; sparks before the eyes; double vision.

*Worse* in the evening, and at night; also, when walking; from the touch; and from candle-light.

*Better* from warmth? Right side.

**Nux vomica.** Nightly lacerating in the eye; pressure on the upper eyelids, especially early in the morning; pressure in the eyes on opening them and looking at the light; burning and twitching of the lids; suppurating canthi; painless ecchymosis in sclerotica; exudation of blood from the eyes; intolerance of the light of day early in the morning, with obscuration of sight; yellowness of the lower part of the eyeball; streaks like lightning before the eyes; burning and smarting in the eyes, as if from salt.

*Worse* in the morning; also, from light of sun.

*Better* from strong pressure. Left side.

**Phosphorus.** Determination of blood to the eyes; inflammation of eyes, with heat and pressure, as from a grain of sand; inflamed red eye; swelling of the lid, with itching and pressure; tumor on the border of the orbit; agglutinated lids in morning, on awaking; secretion of gum during the day; difficulty of opening the lids; sees every thing as through a gauze; short-sighted; blackness before the eyes; darkness at candle-light; frequent attacks of sudden blindness in the day time, with sensation of a gray color hanging over the eyes; black passing spots before the eyes; halo around the candle; pains in the bones of the orbit; sight misty, dim.

*Worse* in the evening, and at night; also, in the open air, in the wind, and from candle-light.

*Better* in the dark, and from cold. Right side.

**Pulsatilla.** Pressure in the eyes, as if from sand, especially when reading; sticking in the eyes when shaking the head;

pressure in eyes when looking at light; inflammation of the eyes; inflamed margin of lids, with swelling; inflamed meibomian glands; swollen red lids; styes; obscured corner; dry eyes; lachrymation in open air, with dimness of sight; dim sight, as if through mist; dim sight, on getting warm from exercise; fiery circles before the eyes, increasing in size towards noon, and going off in evening; feeling as if sight darkened by some onhanging mucus, which has to be wiped away; like a veil before the eyes.

*Worse* in the evening; also, from warmth and light of sun.

*Better* from cold, and rubbing the eyes. Left side.

**Ratanhia.** Inflammation of the whites; dim-sightedness; temporary relief from wiping eyes; white specks before the eye, impeding sight; pterygium crassum.

*Worse* in the evening, by candle-light.

**Rhus tox.** Ball of the eye feels sore on turning it, or when pressing upon it; pressure in the eyes, as if from dust; burning of the eyes; inflamed lids; swelling of the lids; lachrymation, with burning pain in the evening; lachrymation with oedematous swelling around the eyes; objects look pale; pain in the eyes preventing motion, yet better when the eyes are kept in motion (pain on *beginning* to move the eyes, going off by continued motion.)

*Worse* in the morning; also, from cold, cold wet, and from light in general.

*Better* from warmth, and continued motion. Right side.

**Sarsaparilla.** Continued burning in the eyelids, sometimes alternating with aching pain; inflamed, dry eyelids; lachrymation; agglutination in the morning; dilated pupils; dim sight, as if seeing through a fog, or as if the eyes were covered with a gauze; stitches in the eyes; pain in eyes from light of day; internal corners of the eyes are bloated, and are of a blue color; white paper looks red in the evening.

*Worse* in the afternoon; also, from cold.

*Better* from warmth.

**Sepia.** Pain in the eyes, with headache, and heat in eyes; pain in eyelids on waking, as if too heavy; itching of the lids; pricking pain in both eyes in the evening; burning of eyes in morning; inflammation of eyes, with red sclerotica, and stinging and pressure; swelling of eye, with headache on same side; swelling of both eyes in the evening; pustules on the cornea; glassy appearance of the eyes; jerking and twitching of the lids, inability to

open the lids at night; paralysis of the lids; dimness of sight when writing; sight impeded by a fiery zig-zag before the eyes; a number of black spots before the eyes, or white luminous vibrations, or sparks of fire, or gauze, or streaks of light; yellowness of the sclerotica; green halo around the light of the candle; pustules on the cornea.

*Worse* in the forenoon and evening; also, from light of day, and from mental exertion.

*Better* from warmth, and after violent exercise. Left side.

**Silicea.** Smarting or heat in the eyes; red sclerotica, with aching pain; redness of eyes, with biting in canthi; ulcers on cornea; twitching of eyelids; sparks or black spots before the eyes; dazzled by light; objects look blurred; obscured sight, as if looking through a gray coat; paroxysms of sudden blindness; paleness of sight when reading; swelling of tear gland; letters run together when reading.

*Worse* in the night; also, from light of day, in open air, from cold and from getting wet.

*Better* from warmth. Right side.

**Spigelia anth.** Nervous pain in the eyes; pain in and above the eyes, deep in the orbits; pain of eyeballs during motion, as if too large; intolerable pressure in both eyes, worse when turning them; sticking in the right eye, especially during motion; digging-sticking in eye; sticking with boring, penetrating to the interior of the head; tingling in the eyes; inflamed and ulcerated margins of lids; scleritis; dim and faint eyes; upper lids hang down as if paralyzed; sight indistinct, as if the eyes were full of water; flashes before the eyes; weakness of the eyes, in whatever direction they are turned they remain; farsightedness.

*Worse* in the night; also, from bending down; the least movement; on touching the eye, and from light in general.

*Better* when lying down. Left side.

**Sulphur.** Violent pressure on moving the eyes; bruised pain in the eye; painful dryness of the eyeball; feeling of heat in the eyes; sensation as if the eyes were full of blood; burning in eyes; burning in the interior of the eyelids, which are red and inflamed; swelling and inflammation of conjunctiva; swelling of lids, with interstitial distention; tubercles in the lids; a little white vesicle on the sclerotica close to the cornea; ulcerated margins of lids; obscured cornea; specks and ulcers on the cornea; dryness of

eyes; purulent mucus in eyes; trembling of eyes; optical illusion, as if the skin were yellow; like gauze before the eyes; halo around the candle.

*Worse* in the evening; also, from light in general, particularly sunlight, from touching the eye, from water, and on getting warm in bed.

*Better* from motion, heat, and in dry weather. Left side.

**Veratrum alb.** Inflamed right eye; diplopia; hemeralopia, commencing at twilight; pressing in eyes; heat in the eyes; eyes look yellow or blue; blindness at night; paralysis of lids; trembling of the upper lids.

*Worse* in the morning; also, during perspiration, after sleep, and the light of the sun.

*Better* after perspiration. Right side.

**Zincum met.** Soreness in inner canthi; the upper lids are lame, and droop; constant weariness of the eyes; whirring motions before the eyes; yellow, blue, and green wheels before the eyes; fiery balls hover before the eyes in large semi-circles; when lifting up the eyes he sees luminous flakes; pterygium.

*Worse* in the evening; also, in a warm room, and sunlight.

*Better* in open air.

The same difficulty experienced in writing the first part of this section exists here; if all the remedies were mentioned that have eye symptoms, the list would embrace the whole *Materia Medica*. Only those have been recorded, therefore, that are most commonly required, and the student of ophthalmology knows the task of selection is one of no little magnitude.

## OPERATIONS.

The temptation is strong to devote more space to this division of our subject than heretofore, for two reasons: First. It is comparatively but imperfectly understood; and, second, to argue some of the propositions here laid down. Let me say here, however, that the apparent dogmatism is owing to want of space, and nothing is said that I am not prepared to maintain.

*Strabismus* is relieved by a division of the rectus muscle contracted. Never fix the eye with a sharp hook; raise a *small* fold of the conjunctiva with fine forceps, and make an incision only



large enough for the admission of the blunt hook freely, with which draw out the muscle and divide with scissors. Give *Acon.*, three or four doses, after the operation, and keep a light shade over the eye. If a fungous appear at the incision, snip it off with scissors.

*Pterygium*, cut across at the middle, or nearer the apex than the base, and the same treatment pursued. Give *Zinc.*, or *Ratanhia*, according to HUGHES, a fair trial first.

*Staphyloma* operations necessarily destroy the eye; seize the cornea with rat-toothed forceps, and remove the whole front of the ball by a rapid incision, extending four or five lines around the corneal margin. If the *whole* eye is removed there is not as good a stump left for an artificial eye. Dress lightly, and use *Acon.* \*

In *obstructed lachrymal duct*, push a fine probe through the puncta, and if the obstruction is not overcome, take a small tenotome, with a round shoulder, and push it through the skin into the nasal duct, and insert a style, which is to remain until the tears find a natural passage.

*Cataract* may be removed by one of two kinds of operations, either the needle, or knife; of the two, prefer the knife; but if a needle operation seems to be called for, prefer one through the cornea, to one through the sclerotica and posterior chamber. *Extraction* may be practiced either by an inferior, oblique, or lateral section of the cornea; the last, or a modification of it, is the best for obvious reasons. Couching is out of date, and reclination also; laceration of the capsule, to produce absorption of the lens, is all that is attempted with the needle now. Soft cataract is oftener operated on in this way than the hard. My reasons for preferring extraction are as follows:

1st. More speedy results.

2d. Less danger of destructive inflammations, and consequently,

3rd. More certainty.

\*I have lately restored good and almost perfect sight, by an operation for Staphyloma, removing the upper part of the cornea.



## SURGICAL DISEASES OF THE NOSE.

EPISTAXIS — LIPOMA — VARIOUS NASAL DISEASES  
— DROPSY OF THE ANTRUM — SUPPURATION  
OF THE ANTRUM.

## EPISTAXIS.

EPISTAXIS is a hemorrhage from the nose, and may be either active or passive; traumatic, or from some other causes. Usually this hemorrhage is of trifling importance, but occasionally it is very severe, and may even result in death. In slight cases I let it alone, as it seems to be a natural process; but in serious cases it must be arrested. If remedies fail, the posterior nares must be plugged; unless due to the division of some artery by cancerous degeneration, or as the result of injury, the remedies will not usually fail. In all cases the recumbent posture, and warm water applications, will be valuable aids.

## LIPOMA.

LIPOMA is a term ill-bestowed, as it is apt to be confounded with tumors of the encysted variety. In this instance it is a chronic hypertrophy of the structures of the tip of the nose, and appears as a large, reddish-blue, soft, tremulous mass. They may be of all shapes, and of almost any size, from a mere clubbing of the end of the nose, to a large pendulous tumor. As ERICHSEN says, the sebaceous glands and crypts appear to be the structures chiefly implicated.

## VARIOUS NASAL DISEASES.

OTHER diseases occurring in other situations may be met with as affecting the nose; as lupus and cancer, tumors, calculi, abscess of the frontal sinuses, inflammation and abscess of the nose.

*Lupus* and *Cancer* are frequently met with, and from the deformity they occasion, appear to be particularly destructive. The treatment does not vary from that for the same diseases in other locations.

*Tumors*, of different construction, occasionally appear here, and from the fact of their usually being pendulous, and filling up the nostrils, the word *polypi* is used to designate them all. Several well-established cases are recorded where a perfect cure followed the persistent use of remedies. Absorption of the bones is not infrequent, and without the tumor being at all malignant, great destruction of the parts may ensue.

*Calculi*, or *Rhinolites*, are "found in the nasal fossa, where they simulate a foreign body; and here extraction may be practiced with a pair of forceps; sometimes these *rhinolites* are situated under the mucous membrane."

*Abscess of the Frontal Sinus* may form with much pain and expansion, and possibly caries of their anterior walls, attended by inflammations, and with danger of extending to the membranes of the brain.

*Inflammation of the Nose*, or rather of the mucous membrane, often occurs. In the case of strumous young people, it may become chronic. Usually the membrane covering the turbinated bone is affected, and becomes much thickened, soft, and vascular, and is seen projecting like a broad fringe; in color it is usually bright red, and the surface is covered by mucus and pus. Wet weather increases the difficulty so much that serious obstruction of the breathing ensues, but at all times the voice is "nasal."

*Abscess of the Nose* is a common disease, and an exceedingly painful one. The mucous membrane, or the septum, may be the seat, and upon the situation the gravity of the case depends. Necrosis of the nasal bones or cartilages frequently follows. When the abscess is followed by necrosis, depression of the bridge of the nose, foetid discharge, and similar symptoms, syphilis is probably the cause, and the disease then takes the name of *ozæna*, and is characterized by the additional condition of ulceration of the interior of the nose, forming hard crust. The deformity resulting often requires the aid of surgery to restore somewhat the symmetry of the organ.

## DROPSY OF THE ANTRUM.

DROPSY of the antrum is really but an accumulation of mucus here, owing to the canal leading into the nose being obstructed. As this opening is a little above the floor of the antrum, there is at all times a little mucus therein, but when, from some cause, the duct becomes closed, the accumulation may be sufficient to cause very much inconvenience. Then the expansion of the walls will cause the cheek to be more prominent, and the roof of the mouth to bulge out. This condition may be suspected when the cheek is found to be semi-elastic, and on pressure gives rise to the "crackling or egg-shell noise." It is doubtful whether remedies will exert much influence on such a condition, but as they have been used, with alleged success, we should try them.

## SUPPURATION OF THE ANTRUM.

SUPPURATION of the antrum may be due to some injury to the face, the irritation of a carious tooth, or other causes. Pus may form in the antrum, giving rise to pulsation, pain, and if not allowed to escape freely, may result in caries, or necrosis of the bones. It may find vent through the natural duct, or through the socket of a tooth, into the mouth. It is highly important that this discharge should be facilitated, for if, as in dropsy of this cavity, the canal leading to the nose is obstructed, the danger of caries or necrosis is greatly increased.

**Therapeutics.**—These diseases will yield very readily to one of the following remedies, unless it be dropsy of the antrum, and that *may* prove just as tractable as the others. The remedies are: *Acon.*, *Alum.*, *Apis*, *Arn.*, *Ars.*, *Aur.*, *Baryta*, *Bell.*, *Bry.*, *Calc.*, *Carbo v.*, *Cham.*, *Chin.*, *Cera.*, *Con.*, *Crocus*, *Dulc.*, *Erigeron*, *Ferr.*, *Gran.*, *Graph.*, *Hep.*, *Lach.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Nux vom.*, *Phos.*, *Puls.*, *Rhus*, *Sabina*, *Sep.*, *Secale*, *Sulph.* They may be indexed as follows:

EPISTAXIS: *Erigeron can.*

—— From Congestion.—*Acon.*, *Bell.*, *Chin.*, *Crocus*, *Con.*

—— During Coryza.—*Ars.*, *Puls.*

—— From Worms.—*Cina.*, *Merc.*, *Gran.*

—— From loss of Fluids.—*Chin.*, *Secale*, *Carbo.*, *Cina.*, *Ferr.*

**EPISTAXIS:** From Overheating — *Acon.*, *Bell.*, *Bry.*, *Nux v.*

—— From Liquor.— *Acon.*, *Bell.*, *Bry.*, *Nux v.*

—— From Physical Exertion.— *Arn.*, *Bry.*, *Calc.*, *Puls.*, *Rhus*,  
*Sulph.*

—— From Contusion.— *Arn.*

—— With Feeble Catamenia.— *Puls.*, *Secale*, *Sep.*

—— With Profuse Catamenia.— *Acon.*, *Calc.*, *Croc.*, *Sabina.*

—— With Amenorrhœa.— *Bry.*, *Puls.*, *Sep.*

—— Frequent, without apparent cause.— *Calc.*, *Carbo v.*, *Sep.*,  
*Sil.*, *Sulph.*

**INFLAMMATION OF THE NOSE.**— *Apis.*, *Ars.*, *Baryta*, *Calc.*, *Dulc.*,  
*Hep.*, *Lyc.*, *Merc.*, *Puls.*, *Sil.*, *Sulph.*

**ABSCESS OF THE NOSE.**— *Apis*, *Ars.*, *Bell.*, *Calc.*, *Hep.*, *Lyc.*,  
*Merc.*, *Puls.*, *Rhus*, *Sil.*, *Sulph.*, *Aur.*, *Con.*, *Merc.*, *Nit. ac.*,  
*Sil.*.

**LIPOMA:** From Contusion.— *Arn.*, *Con.*, *Rhus.*

—— From abuse of Mercury.— *Aur.*, *Bell.*, *Hep.*, *Sulph.*

—— From abuse of Liquors.— *Ars.*, *Calc.*, *Nux v.*, *Puls.*, *Sulph.*,  
*Bell.*, *Hep.*, *Merc.*

—— From Scrofula.— *Aur.*, *Calc.*, *Hep.*, *Merc.*, *Puls.*, *Sulph.*,  
*Bry.*, *Lach.*, *Phos.*

**Aconite nap.** Bleeding of the nose, especially in plethoric persons; vertigo when rising, with nausea, vanishing of the sight, and bleeding at the nose; crampy sensation over the root of the nose; it feels as if he would lose his senses.

*Worse* in the evening, and at night; also when rising, and in a warm room.

*Better* in the open air, and when sitting still.

**Alumina.** Soreness and scabs in the nose, with discharge of thick yellow mucus; swelling and redness of the nose; frequent attacks of coryza.

*Worse* in the afternoon, and on alternate days; while sitting in a room.

*Better* during moderate exercise, and in the open air.

**Apis mel.** Inflammation of the nose, externally and internally, with puffy, shining redness, and burning-stinging pain.

*Worse* in the morning, evening, and at night; from heat, especially in the warm room.

*Better* from cold water.

**Arnica montana.** Tingling in the nose and bleeding; traumatic hemorrhage from the nose.

*Worse* in the morning, evening, and at night; also on being touched, and from cold.

*Better* on motion

**Arsenicum alb.** Swelling of, and burning in the nose; ulcers in the nose; cancer of the nose; profuse, fluent coryza of sharp, burning, excoriating water, with hoarseness and sleeplessness; drawing stitches here and there in the face.

*Worse* at night, also from cold

*Better* from heat in general.

**Aurum fol.** Caries of the nose; discharge of fœtid pus from the nose; fœtid odor from the nose, very sensitive smell.

*Worse* in the morning; also from cold.

*Better* from warmth.

**Baryta carb.** Scurf under the nose; troublesome dryness of the nose; fluent coryza.

*Worse* at night; also when sitting.

*Better* when walking in the open air.

**Belladonna.** Inflammatory swelling and redness of the internal and external nose; bleeding of the nose, with redness of the face; over-sensitiveness of the sense of smell; putrid smell from the nose.

*Worse* in the afternoon, and at night; also from touching the parts but very softly.

*Better* while lying down.

**Bryonia alba.** Fullness and heaviness in the forehead, as if the brain were pressed out, with bleeding of the nose, and red, bloated face; swelling of the nose, with very sore pain when touched; bleeding of the nose, especially in the morning, with suppressed menstruation.

*Worse* in the evening; also from motion, and from heat.

*Better* on getting warm, in bed.

**Calcarea carb.** Inflamed, swollen and red nose; dryness of the nose; nostrils ulcerated and scabby; bleeding of the nose in the morning; polypus of the nose; stench before the nose, like manure, gunpowder, or putrid eggs; stench from the nose; smell diminished.

*Worse* in the morning, evening, and night; also from cold.

*Better* from warmth.

**Carbo veg.** Frequent and continuous bleeding from the nose,

especially in the morning, or after straining to stool, with paleness of the face before and afterwards; the tip of the nose is red and scabby; itching around the nostrils; coryza, with hoarseness.

*Worse* in the morning and forenoon; also in the open air, and from pressure.

*Better* after lying down.

**Chamomilla.** Wrinkled skin on the nose, ulcerated nostrils; sensitive smell.

*Worse* at night; also from cold, when lying down.

*Better* on rising.

**China off.** Redness and heat of the nose; tearing in the dorsum of the nose; frequent bleeding from the nose; hemorrhage from the mouth and nose; bleeding of the nose after blowing it; dry coryza, with toothache and lachrymation; headache from suppressed coryza.

*Worse* at night; also from touching the parts softly.

*Better* in the room.

**Cina.** Bleeding from the nose and from the mouth, with burning in the nose; disposition to bore in the nose; sneezing violent, with stitches in the temples; stoppage of the nose in the evening; fluent coryza at noon; the nose burns.

*Worse* at night; also from pressure.

*Better* after lying down

**Conium mac.** Excessively acute smell, purulent discharge from the nose; frequent bleeding from the nose when sneezing; cancer of the nose.

*Worse* in the morning, and at night; also when lying down.

*Better* from motion.

**Crocus sat.** Discharge from one nostril at a time, of tenacious, thick, dark-black blood, stringy, with cold perspiration on the forehead.

*Worse* in the morning.

*Better* in the cool, open air.

**Dulcamara.** Bleeding from the nose, the blood is bright red and very warm, accompanied with a pressure above the nose; dry coryza, aggravated in cold air.

*Worse* in the evening; also in cold air, and in wet weather.

*Better* when moving about.

**Erigeron can.** In cases of epistaxis, of almost *any* kind, this remedy has never but once failed me. I use the strong tincture,



and administer it by olfaction. One or two smells of it has always sufficed.

**Ferrum met.** Bleeding from the nose in the evening; the nose is continuously filled with clotted blood.

*Worse* in the morning; also when at rest.

*Better* from slow exercise.

**Granatum.** Tingling-itching in the nose; burning, heat, and dryness in the nostrils, or else accumulation of tenacious mucus; alternation of fluent and dry coryza.

**Graphites.** Painful dryness of the nose; bleeding at the nose; black, sweaty pores on the nose; dry scurfs on the nose; frequent discharge of thick, yellowish, foetid mucus from the nose; coryza as soon as he becomes cold; smell too sensitive; cannot bear the smell of flowers.

*Worse* at night; also from cold.

*Better* from warmth, and when getting warm in bed.

**Hepar sulph.** Inflammation, redness, and heat of the nose; the nose feels sore as if bruised; sore pain on the dorsum of the nose when touching it; very sensitive smell; coryza with inflammatory swelling of the nose, which feels sore as a boil.

*Worse* at night; also from cold, from pressure, and on touching the nose.

*Better* from warmth.

**Lachesis.** Redness of the point of the nose, bleeding from the nose, of dark blood, and blowing of blood from the nose, especially in the morning; discharge of blood and matter from the nose; coryza, with discharge of thin water, and with red nostrils; scabs in the nose.

*Worse* in the evening; also after sleep, in the open air, and in the cold air.

*Better* from warmth?

**Lycopodium.** Over-sensitiveness of the smell; bleeding from the nose, principally in the afternoon; scurf in the nose; nightly closing of the nostril by pus; dryness of the nose; obstruction about the root of the nose; can only breathe with mouth open; dryness of the posterior nares; coryza with acrid discharge, making the upper lip sore; violent coryza, with swelling of the nose; fan-like motion of the nostrils; sneezing without coryza.

*Worse* in the evening; also on lying down, and when at rest.

*Better* from cold.



**Mercurius.** Red, shining swelling of the nose, with itching; greenish foetid pus is discharged from the nose; swelling of the nasal bones; blackish nose; scurfy nostrils, bleeding when they are cleansed; bleeding of the nose during sleep, or when coughing; profuse fluent coryza, with profuse discharge of watery corrosive mucus.

*Worse* at night; also from warmth, and from the heat of the bed.

*Better* from cold?

**Nitric acid.** Stitch in the nose, as from splinters, when touching it; the tip of the nose is red, and covered with scurfy vesicles; itching herpes on the wings of the nose; bleeding of the nose, the blood is black and clotted; disagreeable smell in the nose on inhaling air; foetid yellow discharge from the nose; foetid smell from the nose; condylomatous excrescence on the nose; soreness, burning and scurf in the nose; unsuccessful attempt to sneeze; the nose is dry, and stuffed up; complete obstruction of the nose, with dropping out of water; dry coryza, with dryness of the throat and nose, the wings of the nose, inflamed and swollen; fluent coryza, with obstruction of the nose, the mucus is only discharged through the posterior nares; coryza, with dry cough, headache, hoarseness, and stitches in the throat.

*Worse* in the evening, and at night; also on touching the parts.

*Better* on getting warm?

**Nux vomica.** Sensitiveness and inflammatory redness of the internal nose; bleeding from the nose in the morning; smell before the nose, like old cheese or brimstone; coryza fluent during the day, and dry in the evening and at night; dry coryza, with stoppage of the nose; acrid discharge from the obstructed nose.

*Worse* in the morning and at night; also from motion, and on being touched.

*Better* from strong pressure.

**Phosphorus.** Bleeding of the nose, during stool; blowing of blood from the nose; swelling and redness of the nose; painful dryness of the nose; bad, foul smell from the nose; over-sensitiveness of smell; readily-bleeding polypus of the nose; profuse discharge of green or yellow mucus from the nose, without coryza; freckles on the nose.

*Worse* in the evening, and at night; also from strong smells and when lying on the back.

*Better* while lying on the right side.

**Pulsatilla.** The nose feels sore, internally and externally; ulceration of the external wing of the nose, emitting a watery humor; bleeding from the nose, of coagulated blood, with dry coryza; green and foetid discharge from the nose, like old catarrh; smell before the nose, as from old catarrh; coryza, with loss of smell and taste, or of long-standing, with a heavy yellowish-green discharge.

*Worse* in the evening, and at night; also in a warm room, and from warmth.

*Better* in the open air, and from cold.

**Rhus tox.** Redness of the tip of the nose, with soreness when touched; inflammation of the nose; the nose feels sore internally; bleeding of the nose at night, or when stooping, of coagulated blood; discharge of green offensive pus from the nose; puffiness of the nose; spasmodic sneezing; discharge of mucus from the nose, without coryza; dryness of the nose.

*Worse* in the morning and at night; also when at rest, when getting wet, and from cold.

*Better* from warmth.

**Sabina.** Has been recommended for epistaxis, but I can find no symptoms.

**Secale cor.** Useful in hemorrhage from the nose, accompanying feeble catamenia.

**Sepia.** Nose swollen and inflamed, especially on the tip; tip of the nose scurfy; ulcerated nostrils; stoppage of the nose, dry coryza; violent bleeding from the nose, and blowing of blood from the nose; loss of smell, or foetid smell before the nose; ozæna, with blowing of large lumps of yellow-green mucus, or yellow and green membranes, with blood from the nose.

*Worse* in the forenoon, and in the evening; also when at rest, and when bending down.

*Better* from warm air.

**Sulphur.** Blood comes from the nose whenever blowing it; bleeding of the nose, with vertigo, afterwards it feels sore when touched; swelling and inflammation of the nose; dry ulcers or scabs in the nose; smell before the nose, as from an old catarrh; freckles and black pores on the nose; herpes across the nose like a saddle; burning coryza in the open air, obstruction of the nose in the room; dryness of the nose.

*Worse* in the evening, and at night; also from bodily exertion, on touching the affected parts, and on getting warm in bed.

*Better* from motion and from heat.

## OPERATIONS.

The operations are very simple. When pus forms in any of the cavities, perforate the bone with a small trocar, or a perforator made for the purpose, and give *free* exit to the pus. In epistaxis, when the hemorrhage cannot be controlled by remedies, the posterior nares are to be plugged with lint, or raw cotton. BELLOCQ's nasal sound and canula is the instrument to be used. When not at hand, I have often succeeded by introducing a piece of lint wet with the tincture of *Erigeron* into the nostril, and pushing it up and back, as far as is required, with a probe.

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## SURGICAL DISEASES OF THE MOUTH.

GLOSSITIS — PROLAPSUS OF THE TONGUE — ABSCESS OF THE TONGUE — RANULA — VARIOUS DISEASES OF THE TONGUE — ABSCESS OF THE GUMS — ULCERATION OF THE GUMS — EPULIS.

## GLOSSITIS.

GLOSSITIS is an inflammation of the tongue, being the result, in general, of mercurialization. The tongue becomes enormously swollen, enlarged by the infiltration of serum; the increase in size, in some cases, having been known to threaten death by suffocation. The accompanying symptoms are, profuse salivation, inability to swallow, or even speak, with the organ hanging out of the mouth, as in prolapsus. The difference is this, in glossitis there is a comparatively sudden invasion, whilst the latter is gradual. Our remedies, particularly *Apis*, act like magic in these cases, and the harsh allopathic procedure of slitting the tongue is seldom if ever called for.

## PROLAPSUS OF THE TONGUE.

THIS is a condition in which the tongue hangs out of the mouth permanently. The patient has no power to retain it in the mouth any length of time. Prolapsus may be congenital, or acquired. The teeth, and even the jaws, are frequently pushed forward, the edges of the teeth meeting at an angle very similar to that noticed in the horse. Should this condition be allowed to remain unimproved, the jaw will be permanently distorted. There are cases of evident hypertrophy of the whole organ, but the fault usually seems to lie in a want of power in the retractor muscles. The tongue is of a dark or purplish color, dry, much swollen, and there is a constant dribbling of saliva. I am not certain that this is a disease (if such it may be called) that is curable by medicines alone, but think operative measures will have to be *conjoined* with the other treatment. Still, it being a case in which there is no great urgency, time enough may be taken to test the remedies. This is one of those diseases which are of so rare occurrence, and the results of which are so very unsatisfactory, partly from the fact of but few being willing to give time enough to properly test the matter, that we know but little about the effects of remedies. We have to reason by analogy, and such reasoning in medicine is far from being reliable. I am not cognizant of a single case having been reported where a *perfect cure followed the use of remedies*.

## ABSCESS OF THE TONGUE.

THIS is also a very rare disease, and is not easily diagnosed when seen. Like all other similar diseases, the pus must be evacuated at once. ERICHSEN speaks of a case in which "there was an elastic fluctuating tumor of slow growth, about the size of a small plum, situated deeply in the center of the tongue." I never saw a case, but have been informed that as the tongue is not discolored it is not at all easy to tell whether it be an abscess or a tumor from some other cause. Dr. T. C. DUNCAN had a case of abscess of the tongue. The abscess was situated in the center of the tongue. It was about the size of a large pea and presented a red base; cause, a cold; remedy, *Hepar*.

## RANULA.

RANULA is a most interesting form of tumor, found under the tongue, to one side of the frenum. There are two varieties, first, a cyst, containing a fluid, and often as large as a walnut. The fluid is serous and of a glairy nature; the walls of the cyst are very thin, almost transparent, and small vessels can be distinctly seen ramifying on the surface. Many consider this a simple dilatation of WHARTON'S duct, but that is not the general belief. Some pathologists, among them PAGET, think many of these ranulæ, "are probably formed by dilatation of the sub-maxillary duct, obstructed by calculi or otherwise; others by abnormal development of distinct cysts, or possibly of bursæ between the muscles of the tongue." The second form is that of a true encysted tumor, the contents of more or less consistency, and walls firmly adherent to the adjacent parts.

## VARIOUS DISEASES.

TUMORS of all varieties are found in this situation, but do not need any special mention; they should be treated according to the indications.

*Fissures or cracks in the tongue* are found on the sides of the organ, and are usually dependent upon the irritation caused by the root of a molar tooth; at other times they are the product of dyspepsia, syphilis, etc. In cases where the general health is low, or the system is tainted with syphilis, struma, or scorbutis, these cracks are converted into large and foul ulcers, which extend rapidly, attended by offensive breath, and constant flow of offensive saliva; in fact, they are true phagedena. The surrounding parts of the organ are swollen and puffy, and of a dusky-red color. Death frequently results from the excessive discharge, and the inability to take food, though in many cases rupture of the artery is the cause.

*In Psoriasis* the tongue becomes shriveled and dry, much indurated, with the surface covered with cracks; with patches, also, on the surface, of a dirty-white color, irregular in size and shape, varying from an inch in diameter to the size of a pea. This condition is sometimes met as a manifestation of secondary syphilis, and certainly, to the eye, looks as much like a purely *local* disease as

such a thing can be. Another syphilitic condition is one that has not been named, to my knowledge, and is described by ERICHSEN in the following manner: "A glazed and warty appearance, as if covered with a layer of boiled sago, the mucous membrane being œdematous, elevated, and papillated, yet at the same time glassy and semi-transparent, and without induration."

*Syphilitic tubercle* is an indurated and irregularly circumscribed tumor, situated deep in the substance of the tongue, usually near the center of the tip, and feels round to the touch. The integumentary cover of the tumor is of a coppery or dusky-red color, surrounded by cracks, but it does not ulcerate, discharge, or destroy the organ.

*Cancer of the tongue* so closely resembles some of the syphilitic affections of this organ that great care must be exercised in forming a diagnosis. One thing worth remembering is, that the syphilitic tubercle differs from the cancerous in being situated deeply in the substance of the part, while the latter is more superficial and is found about the edges and tip. (See Ulcers.)

*Ulcers.*—There are the phagedenic, the syphilitic, and the cancerous, and may be distinguished by attention to the following signs: *Phagedenic*, or *sloughing*, rapid progress, eroding action, and no induration at the base. *Syphilitic*, indurated base, elongated, or irregular in shape, and does not rapidly extend. *Cancerous* ulcers are, circular shape, "eroded edges," and spread rapidly.

These are the main characteristics. The microscope should not be neglected, however, in examining sores in this region supposed to be cancerous. The cancerous ulcers produce all the dreaded symptoms and accompaniment of cancers elsewhere, and are very fatal. Joined to the proper cancerous disease is the inability to eat, which renders the condition of the patient more deplorable.

#### ABSCESS OF THE GUMS.

*Abscess of the Gums* is caused by the roots of decayed teeth, cold, or some other inflammation, resulting in the formation of pus. It is of trifling moment, although it gives rise in many instances to considerable suffering. Remedies act very well. Evacuate the pus.



## ULCERATION OF THE GUMS.

*Syphilis*, scrofula, cancer, or any of the conditions operating to produce similar lesions in the mouth and on the tongue, may have the same effect here.

## EPULIS.

THIS is a tumor of a fibrous character springing from the periosteum and edge of the alveolus, and implicating the osseous walls, growing up between and loosening the neighboring teeth, which it displaces and envelopes in its structure. It is most frequently met with in the lower jaw, and commonly about the molar teeth. This tumor is red, smooth, and lobulated, at first hard and semi-elastic, like the ordinary structure of the gum, but after a time softening by disintegration, and ulceration on the surface, with a purulent or sanious discharge; it appears to be simply a circumscribed hypertrophy of the gum.

*Malignant Epulis* is soft, purplish, very vascular, grows rapidly, and is specially reproduced after removal. They are principally found in men advanced in life.

**Therapeutics.**—The remedies in common use are: *Acon.*, *Alum.*, *Ambra*, *Apis*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Carbo an.*, *Carbo v.*, *Caut.*, *Clem.*, *Dulc.*, *Graph.*, *Hep. s.*, *Kali.*, *Lach.*, *Lyc.*, *Merc.*, *Nat. mur.*, *Nit. ac.*, *Nux vom.*, *Petrol.*, *Phos.*, *Rhus*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*, *Sulph. ac.*, and *Thuja*.

TONGUE: Prolapsus of.—*Ars.*, *Caut.*, *Calc.*, *Dulc.*, *Euphr.*, *Graph.*, *Hep.*, *Lach.*, *Nux*, *Sulph.*

—— Glossitis.—*Acon.*, *Apis*, *Arn.*, *Ars.*, *Bell.*, *Lach.*, *Merc.*

—— Abscess.—*Apis*, *Ars.*, *Calc.*, *Hep.*, *Merc.*

—— Psoriasis.—*Bry.*, *Calc.*, *Dulc.*, *Led.*, *Lyc.*, *Sep.*, *Sulph.*

—— Fissures.—*Alum.*, *Calc.*, *Hep.*, *Lyc.*, *Merc.*, *Petrol.*, *Rhus*, *Sulph.*

—— Syphilitic tubercle.—*Apis*, *Ars.*, *Calc.*, *Hep. s.*, *Merc.*, *Nit. ac.*, *Rhus*, *Sil.*, *Sulph.*, *Thuja*.

—— Ranula.—*Ambra*, *Calc.*, *Merc.*, *Thuja*.

—— Cancer, open.—*Ars.*, *Sil.*, *Sulph.*, *Bell.*, *Calc.*, *Hep.*, *Lach.*, *Merc.*, *Nit. ac.*, *Sep.*, *Staph.*, *Thuja*.

—— Induration.—*Bell.*, *Sep.*, *Sil.*, *Carbo an.*, *Carbo veg.*, *Nux v.*, *Phos.*, *Staph.*, *Sulph.*



GUMS: Abscess of.—*Calc.*, *Caust.*, *Sil.*, *Staph.*, *Sulph.*, *Nat. mur.*  
 ——— Ulceration of.—*Alum.*, *Carbo v.*, *Kali*, *Lyc.*, *Merc.*, *Nat.*  
*m.*, *Staph.*, *Sulph. ac.*

EPULIS: *Calc. c.*, *Carbo v.*, *Lach.*, *Sil.*, *Ars.*, *Clem.*, *Graph. Hep.*,  
*Nit. ac.*, *Phos.*, *Sep.*, *Staph.*, *Sulph.*, *Thuja.*

**Aconite nap.** Dryness of the mouth, and of the tongue; pricking and burning in the tongue; tongue coated white; trembling and stammering speech; taste bitter; everything tastes so except water; aversion to food; burning, ungovernable thirst for beer.

*Worse* at night; also from cold, and after drinking.

*Better* in the open air, and from warmth. Left side.

**Alumina.** Pains in the jaws, with sensation as if the teeth were elongated; ulceration at the root of every tooth; bleeding of the gums, and swelling; dryness of the mouth in the morning, followed by increased secretion of saliva, with an astringent sensation in the mouth, and a musty, or putrid smell; constant secretion of saliva in the mouth; tongue feels rough, and is coated white, but with a good taste; or, yellowish-white coating, with a bitter taste.

*Worse* in the afternoon; also when chewing, and when drinking cold water. Right side.

**Ambra grisea.** Bleeding of the gums, especially of the right lower jaw; the gums are painful and swollen; foetid smell from the mouth; smarting in the mouth, with sensation as if the parts were excoriated, and with inability to eat anything solid, on account of the pain; vesicles in the mouth, with a burning pain; insipid, rancid taste in the mouth.

*Worse* in the morning, and in the evening; also on awakening, after having swallowed the food; when talking, and from eating warm things.

*Better* while eating. when swallowing, and from cold food. Either side.

**Apis mel.** (Great thirst; *drinks often, but little at a time*, G.) Extreme sensation of rawness and scalding all around the tongue, as if it had been scalded, and small pimples on the edge; followed by rawness, burning, and blisters along the edge of the tongue, which are very painful, accompanied by stinging; dryness and heat in the mouth and throat, and feeling in the tongue as if it had been burnt.

*Worse* in the morning, and in the evening; also from heat.

*Better* from cold water. Left side.

**Arnica mon.** Tingling in the gums as if they had gone to sleep; during mastication the gums are painful, as if from subcutaneous ulceration; biting sensation in the tongue; fœtid breath from the mouth; tongue coated white, but has a good taste and appetite.

*Worse* in the morning, evening, and at night; also, on awaking, after drinking, on moving the tongue, from talking, on touching the tongue.

*Better* from warmth. Either side.

**Arsenicum album.** Gums bleed readily; tongue bluish; coated white; tongue, red and dry, or brown, or blackish; cracked and trembling tongue; insensible tongue as if burnt, having no taste; fœtid smell from the mouth; great dryness of the mouth and tongue; frequently accompanied with a violent thirst, drinking often, but little at a time; aphthæ in the mouth.

*Worse* in the morning, and at night; also from cold.

*Better* from warmth. Right side.

**Belladonna.** Painful swelling of the right side of the gums, with fever and sensation of chilliness; vesicles on the gums, painful like burns; the tongue is painful, especially to the touch; it is red, hot, and dry, with red edges, and white in the middle; cracked tongue, white-coated; feeling at the tip of the tongue as if it had a vesicle upon it, painfully burning when touched; tremor of the tongue; the tongue is covered with a quantity of yellowish-white, tough mucus.

*Worse* in the afternoon, evening, and at night; also, when drinking, when swallowing fluids, when talking, and from eating warm things.

*Better* when lying down, and from cold food or drink. Left side.

**Bryonia alb.** Gums painful, as if sore and raw; the gums are spongy; tongue coated white or yellow; dry tongue; rough, dark-colored tongue; burning vesicles on the border of the tongue; flat, insipid, sweetish, or disgusting taste in the mouth; putrid taste; bitter taste even of the food; aversion to food, at other times excessive hunger.

*Worse* in the evening, and at night; also on chewing; while

drinking, when swallowing the food, from talking, and when eating or drinking warm things.

*Better* from cold food or drink. Either side.

**Calcareo carbonica.** Swelling of the gums; swelling of the gums painful, and without toothache there is swelling of the cheek, which is painful to the touch; pustules on the gums over one of the molar teeth; bleeding of the gums; knotty swelling of the right cheek in the mouth, with drawing and lacerating pain every evening; blisters in the mouth, which form ulcers; the tongue is painful on the border, and its under surface, especially when chewing, swallowing, and spitting; violent burning of the tongue and mouth; thick, white coating of the tongue, with sensation as if it were without any skin, and sore; swelling of one side of the tongue; little blisters on the tongue, with burning pain, and heat in the mouth; bad, sour taste in the mouth; loss of appetite; at times the hunger is ravenous.

*Worse* in the morning, evening, and at night; also, on awaking, and from talking.

*Better* on lying on the painful side. Right side.

**Carbo animal.** The gums are pale, and painful as if ulcerated; the teeth are so loose that the softest food gives pain; gums red and swollen, and very painful; drawing pain in the gums; bleeding of the gums; burning at the tip of the tongue, and roughness in the mouth; mouth and tongue are immovable, with difficulty; drawing and very low speech; bitter or sour taste in the mouth; thirst, with aversion to cold drinks; no appetite.

*Worse* in the evening, and at night; also, in the open air, and when awaking.

*Better* when lying down. Left side

**Carbo veg.** Bleeding of the gums when cleaning the teeth; the gums are painful, and sensitive when chewing; drawing pain in the gums; heat in the gums; soreness of the gums in the day time; pustules on the gums; the gums recede from the teeth; increased flow of saliva; bitter mucus in the mouth, early in the morning.

*Worse* in the morning, and in the forenoon; also, in the open air, on getting heated, from pressure, and from eating or drinking warm things.

*Better* from cold food and drink. Right side.

**Causticum.** The gums are painfully sensitive, without toothache; swelling and painfulness of the gums before and behind; swelling of the left side of the gums, with great sensitiveness when eating, and a spasmodic pain in the evening; fistula dentalis; paralysis of the tongue; a good deal of mucous saliva accumulates in the mouth; accumulation of water in the mouth, having a rancid taste.

*Worse* in the evening, and at night; also, on awaking, and when lying on the painless side.

*Better* from warmth. Left side.

**Clematis erecta.** Jerking, shooting and drawing toothache in the left upper jaw, at times in one, at times in another tooth; the pain affects all the teeth, without one being able to point out the tooth affected; a decayed tooth pains, and feels longer than the others; increased secretion of saliva; small blisters on the tongue and in the throat, which soon become ulcers.

*Worse* at night; also, from contact.

*Better* from cold water. Either side.

**Dulcamara.** Gums loose and spongy; dry tongue; paralysis of the tongue; swelling of the tongue, with impeded speech and breathing; hunger, yet with an aversion to food; violent desire for cold drinks.

*Worse* in the evening, and at night; also, when lying down, and from talking.

*Better* from warmth in general. Either side.

**Graphites.** Sore pain in the gums; ulcerated pain in the gums; itching corrosion of the gums; swelling of the gums, and dryness of the mouth; white tongue; burning vesicles on the lower surface, and tip of the tongue; painful tubercles and vesicles on the back part of the tongue; unusual thirst; appetite is variable.

*Worse* at night; also, on getting heated, before falling asleep, on awaking, from talking, and from eating or drinking cold things.

*Better* while lying down on the painless side, and from warm food or drink. Left side.

**Hepar sulphur.** The gums bleed readily; jerking in the gums; inflammation and swelling of the anterior and inner portions of the gums; ulcer on the gums; burning pain on the tip of the tongue; putrid taste in the mouth; canine hunger.

*Worse* in the morning, forenoon, evening, and at night; also,

before falling asleep, on lying on the painful side, from pressure, when swallowing the food or saliva, and on being touched.

*Better* from warmth. Left side.

**Kali carbon.** Painful inflammation of the anterior gums; swelling and soreness of the gums; swelling of the tongue; painful vesicles on the tongue and gums; putrid, bitter, or sour taste in the mouth; little appetite; violent thirst.

*Worse* in the morning, evening, and at night; also before falling asleep, on awaking, and on getting heated; from eating or drinking warm things.

*Better* from cold food or drink. Left side.

**Lachesis.** The gums are raw and sore; readily bleeding gums; swelling of the gums, with blue-redness and great sensitiveness; thick, yellowish coating on the tongue; black tongue; tongue feels stiff, with difficulty of moving it when swallowing; red, sore spots, rhagades, and large, red papillæ on the tongue; gangrene of the tongue; inflammation of the tongue, with titillation, causing cough; offensive, bad taste in the mouth; bitter taste; loss of appetite; sometimes great hunger.

*Worse* in the evening, and at night; also in the open air, and from pressure.

*Better* while eating. Left side.

**Lycopodium.** Heat and pain in the gums; swelling of the gums over the front teeth, with swelling of the upper lip; numbness of the inner mouth and tongue; tongue painful and swollen; tubercles on the tongue; ulcer under the tongue; ulcer under the tongue from holding the tip of cigar there; bitter taste in the mouth; absence of thirst; great and excessive hunger; sometimes no appetite; aversion to solid food; aversion to bread.

*Worse* in the afternoon, evening, and at night; also, on awaking, when lying on the painful side, from pressure, and when eating or drinking cold things.

*Better* from warm food or drink. Left side.

**Mercurius.** The gums recede from the teeth; the gums are sore and swollen; ulcerated gums; burning pain in the gums at night; bleeding of the gums when touching them; foetid smell from the mouth; the tongue is coated as with fur; brown or blackish tongue; swelling of the tongue; inflammatory hard swelling of the tongue; ulcerated edges; hollow, ulcerated tongue, with swelling; tongue feels as if burnt; bitter, putrid, salt, sweet, or

sour taste in the mouth; excessive appetite and hunger; loss of appetite; thirst, violent and burning, day and night.

*Worse* in the evening, and at night; also from warmth, and in getting warm in bed, and when swallowing.

*Better* from cold. Right side.

**Natrum mur.** Extreme sensitiveness of the gums to cold and warm things; inflammation and swelling of the gums, with swelling of the cheek; painful swelling of the gums, readily bleeding; scorbutic, putrid inflammation of the gums; ulcer on the gums, painful day and night; vesicles on the tongue; painful burning and smarting of the gums when eating; swelling under the tongue, with a stinging pain; chronic sensation as of hair on the tongue; heavy tongue; loss of taste; bitter, putrid, or sour taste in the mouth; excessive appetite; constant thirst.

*Worse* in the morning, forenoon, and at night; also when eating, from chewing, and from pressure.

*Better* while and after lying down. Right side.

**Nitric acid.** Itching of the gums; white swollen gums; bleeding of the gums; vesicles on the tongue, and edge of the tongue, with burning pain when touched; sour, bitter, or sweet taste in the mouth; variable appetite.

*Worse* (the whole day alike; a little easier in the forenoon); also when lying on the painful side, from pressure, and from swallowing, particularly the food.

*Better* when lying on the painless side. Either side.

**Nux vomica.** Swelling of the gums; swelling of the gums with pain, and a throbbing sensation as if an ulcer would burst out; putrid, bleeding, swelling of the gums; tongue black and cracked, with bright red edges; dry tongue; white or brownish tongue; tongue coated with white or yellow mucus; painful vesicles on the tongue; sour, putrid, or bitter taste in the mouth; food has no taste; hunger, yet aversion to food.

*Worse* in the morning and at night; also, in the open air, when lying on the painful side, when swallowing the food, and from eating or drinking cold things.

*Better* when lying on the painless side, and from warm food or drink. Left side.

**Petroleum.** Swelling of the gums, with stitching pain when touched; vesicle on the gums; tongue is dotted with yellow spots; White-coated tongue; rawness of the tongue and palate; fœtid



odor from the mouth; slimy, flat, or putrid taste in the mouth; hunger causing nausea.

*Worse* in the morning and in the evening; also in the open air, and when swallowing the food.

*Better* from warmth in general. Right side.

**Phosphorus.** Inflammation and soreness of the gums; ulcer on the gums, with swelling of the lip; bleeding of the gums at the slightest touch; swelling of the root of the tongue; dry tongue; white mucus on the tongue, with slimy mouth; furred tongue; a number of small, red, bleeding tips on the anterior surface of the tongue; slimy taste in the mouth; loss of taste; hunger, particularly after a meal.

*Worse* in the morning, evening, and at night; also when chewing, while drinking, while lying on the painful side, from pressure when swallowing, and when eating or drinking warm things.

*Better* in the open air, and from cold food or drink. Left side.

**Rhus tox.** Intolerable burning, sore pain in the gums; accumulation of water in the mouth; the tongue is not coated, but is very dry; parched, red, or brown tongue; nightly discharge of yellow or bloody saliva from the mouth; mouth feels better all day; complete loss of appetite; excessive hunger.

*Worse* in the morning, evening, and at night; also when chewing, when lying on the painless side, when swallowing the food, and when eating or drinking cold things.

*Better* from warm food or drink, and from warmth in general. Left side.

**Sepia.** Drawing in the gums; bloated, dark, red gums, with painful beating, as in incipient suppuration; painful swelling of the gums; swelling of the gums, with painful soreness; sore, ulcerated gums; sore pain in the tongue; white tongue; pain in the tongue, as if burnt; absence of thirst; no appetite; everything tastes too salt; ravenous hunger; much thirst.

*Worse* in the morning, forenoon, and evening; also before falling asleep, or chewing, while lying down on the painless side, from swallowing the food, and when talking.

*Better* from cold water. Right side.

**Silicea.** Painful sensitiveness of the gums to cold water; painful inflammatory swelling of the gums; sore gums; the gums bleed readily; coated tongue; tongue coated with brown mucus;



numbness of the tongue; bitter or acrid taste in the mouth; loss of taste; not much hunger, but thirst.

*Worse* in the forenoon, afternoon, evening, and at night; also in the open air, when lying on the painful side, from pressure.

*Better* when lying on the painless side, from warmth in general, and in the morning. Left side.

**Staphisagria.** Burning-swelling of the gums, with heat in the cheek; gums pale, blanched, and ulcerated, or painful and swollen, with tendency to bleed; fungus excrescences on the gums, and in the mouth; ulcerations, or numerous vesicles in the mouth or on the tongue; swelling of the glands of the neck, and of the follicles under the tongue; extreme hunger, even when the stomach is full.

*Worse* in the morning, forenoon, afternoon, and night; also on awaking, on chewing, from pressure.

*Better* when swallowing. Either side.

**Sulphur.** Swelling of the gums, with throbbing pain; hard swelling of the gums, discharging pus and blood; burning pain on the surface of the tongue; dry tongue in the morning; brown, parched and rough tongue; cracked and vermillion tongue; putrid or bitter taste in the mouth; complete loss of appetite; thirst.

*Worse* in the evening, and at night; also on falling asleep, when swallowing the food or saliva, on talking, and from eating or drinking cold things.

*Better* from warm food or drink. Left side.

**Sulphuric acid.** Ulcers on the gums; vesicles on the inner sides of the cheeks; dry tongue; hunger, but no appetite; putrid, flat, or pappy taste in the mouth.

*Worse* in the forenoon, afternoon, and at night; also in the open air.

*Better* from heat. Either side.

**Thuja occi.** Swollen and sore gums; darting through the gums of the posterior molar teeth; sore feeling in the gums; toothache, with a sort of hacking or sharp beating in the gums; considerable swelling of the gums and tongue; the tip of the tongue is sore to the touch; rough, scraping feeling on the surface of the tongue; ranula, transparent, jelly-like, blue-red or grey; desire for cold drink.

*Worse* in the afternoon, evening, and at night; also on chewing, on getting heated, and when swallowing the saliva.

*Better* from rubbing, and from cold? Either side.

## OPERATIONS.

THE whole tongue, or a part, is sometimes removed for cancer, hypertrophy, or prolapsus, by excision, or ligature. If required to operate, use the knife in preference to anything else: it is more certain, and more under your control. Ranula is to be removed as other tumors. *Epulis* should be removed by operation as soon as you are satisfied that the remedies are futile. A portion of the jaw is to be removed with a saw, and the whole of the *visible* diseased part taken off. Leave enough of the alveolus at each end of the incision to support the teeth, and endeavor to leave enough of the jaw to preserve somewhat the shape. In children, the ecraseur, or any instrument that can be used to ensure as little hemorrhage as possible, should be used, as in their mouths it is a difficult matter to secure the vessels.

## SURGICAL DISEASES OF THE THROAT.

WOUNDS OF THE ESOPHAGUS—FOREIGN BODIES IN THE ESOPHAGUS—SCALDS OF THE MOUTH AND PHARYNX—INJURIES OF THE AIR PASSAGES—FOREIGN BODIES IN THE AIR PASSAGES—ASPHYXIA—VARIOUS DISEASES OF THE PHARYNX—CANCER OF ORIS—LARYNGITIS—STRICTURE OF ESOPHAGUS—PAROTITIS—BRONCHOCELE—ENLARGED TONSILS.

WOUNDS OF THE ESOPHAGUS are not common, chiefly occurring in the case of suicides. Wounds of this canal are almost sure to be complicated with similar injury to the trachea and large vessels. When the carotids are wounded, of course there is but little chance for anything being done. The wound in the esophagus must be closed with wire stitches, and the external one kept open until the other has healed. Every effort must be made to prevent esophagitis; inflammation will be readily excited, and, by inducing supuration, prove fatal.

*Calendula*<sup>30</sup>, given about four times a day internally, will, in most cases, prevent this; but when the first symptoms of inflammation appear, administer *Aconite*<sup>30</sup>, in the same way.

### FOREIGN BODIES IN THE ESOPHAGUS.

FOREIGN bodies, such as fish-bones, needles, etc., are quite commonly met. The long esophageal forceps are generally sufficient to extract them, though it *may* be necessary to operate. This operation is one of great danger. The incision is made in the neck, to one side of the trachea, and between that and the large vessels of the neck. Never make the opening larger than is absolutely required to extract the substance. The same rules apply here for the prevention of esophagitis. For more particular treatment, see "Special Therapeutics of the Throat."

## SCALDS OF THE THROAT.

SCALDS of the mouth and pharynx are often met with among children. The effects are severe; œdema of the glottis, inflammation of the whole buccal cavity, and death from suffocation unless speedily relieved. More special treatment will be given further on.

The best remedy I have ever tried is *Urtica urens*, but not used as LAURIE recommends, in the form of tincture gargle. I use the 6th, sometimes the 3d, in water, one dose about once an hour. Usually this remedy will suffice; but if a decided improvement does not take place in six hours, something else is needed. If neither *Apis*<sup>30</sup> nor *Acon.* suffice, and *Opium* and *Kreos.* fail, the only thing remaining to be done is to perform tracheotomy. When there is loss of substance, *Calendula* is to be used; and when sloughs form, *Arsen.* or *Lach.* When the œdema of the glottis is so great that respiration is embarrassed, and this increases without any remedy making an impression, the operation is the only resort. Before doing so, however, by making incisions into this œdema, relief may be obtained. The remedies *will* act if you get the right one; so try all palliative measures to give you more time, before resorting to the very dangerous operation of tracheotomy.

## INJURIES OF THE THROAT.

THE larynx and trachea are frequently injured. There may be wounds, dislocation of the cartilages, or concussion of the larynx. Wounds in this region are generally the result of suicidal attempts; they are more of the lacerated than the contused variety. A species of bronchitis, or actual pneumonia is sometimes set up, and in connection with the wound makes a very bad complication. One of the most serious symptoms or conditions is the appearance of food, entering the mouth, being ejected from the wound. When the esophagus is uninjured this is owing to a paralysis of the glottis. The treatment is that for ordinary wounds. Prevent the too early closure of the wound, until at least there is no danger of a non-closure of the one in the trachea or larynx. Suicides usually cut

too high, thereby escaping the carotids; should these vessels be wounded, you will probably lose the patient unless you are right on the spot. Should there be much gaping of the wound, apply a firm bandage around the head, and another around the body; by means of tapes passing from one to the other, the head may be fixed in such a manner that much of the strain will be taken off of the stitches.

REMEDIES. — *Aconite*, *Calendula*, and the usual treatment in wounds. Light diet and perfect quiet are essential.

It occasionally happens that a blow is received on the neck, which results in an actual dislocation of one or more of the rings of the trachea. The accident is rare, and is quite serious. Replace the ring, throwing the head well back during the manipulations. *Arnica* or *Conium* are the remedies to be used. Bronchitis or pneumonia may likewise result from this injury.

Another rare and fatal accident is paralysis of the larynx from concussion. This usually proves fatal, and there is little opportunity or time to use remedies. *Arnica* and *Conium* are the ones to be borne in mind.

#### FOREIGN BODIES IN THE AIR PASSAGES.

THESE accidents are *not* common. The symptoms are usually feeling of suffocation, great distress, difficulty of breathing, violent fits of spasmodic coughing, and not unfrequently vomiting. Unlike the same obstruction in the esophagus, it must never be *pushed down*, but *must* come out of the mouth, or through an opening in the trachea or larynx. If the body be small, and one that will readily be dissolved, no treatment may be required; but if *hard*, and not soluble, it must be removed. The operation of tracheotomy is a serious one, but under homœopathic after-treatment little need be dreaded. Some may ask, Why operate at all, when it sometimes happens that the foreign substance is expelled through the glottis? Although, as ERICHSEN says, the foreign body *may* make its exit through the opening at which it entered, yet there is only one chance in ten, that, without operation, it will come away at all; but should the operation be performed, it is reduced to a certainty, almost, that it *will* be expelled through one opening or the other. Should the foreign body be engaged in the rima glot-

tidis, the forceps *may* be able to bring it away. Should the operation be unsuccessful as regards the involuntary expulsion, the forceps can reach the body through the artificial opening.

Place the patient lying on the back, with a pillow under the shoulders, so that the head is thrown well back; local anæsthesia to a moderate degree, with rhigolene, may be employed; but I prefer no anæsthetics. Make the incision through the integument, carefully avoiding *all* vessels, veins and arteries, for there should be no bleeding. Therefore, use the fingers and handle of the knife as much as possible. When the trachea is reached, wait for *all bleeding to stop*; if any vessels are wounded, tie them at once. When the hemorrhage has ceased, take a sharp hook and fix it firmly, with *one* motion, through the tissue between the rings. Then taking the knife by the blade with the finger and thumb, so that only about a quarter of an inch is exposed, divide three of the rings by cutting *upwards*. Relief will be instantaneous. Should the foreign body be small, and passing up and down the trachea, much inflammation may exist, and œdema of the glottis supervene. In those cases, leave the wound open until this condition is cured. In other cases, close it at once with sutures and strips, and use, as indicated, *Staphisagria*, *Calendula*, *Aconite*, etc.

#### ASPHYXIA.

ASPHYXIA is a condition of suspended life from *any* cause, and may result from exposure to cold, starvation, drowning, noxious gases, strangulation, or, may be that of the newly-born.

*Of the Newly Born.*— Various methods of resuscitation have from time to time been published, but none of them have been so universally employed as that of MARSHAL HALL. Another convenient method is to raise the child repeatedly and regularly from the supine to the sitting posture.

*From Noxious Gases.*— Remove the body into a cool, fresh current of air; dash cold water frequently on the neck, face and breast; and if the body be cold apply warmth, either by heated bricks, friction or mustard. Inflate the lungs by artificial respiration. After life has been restored, *Opium* or *Aconite* will be useful, as indicated.

*From Strangulation.*— HERING says: “ Remove all tight cloth-



ing. Put the patient in a proper position, the head and neck rather high, the neck quite easy, not bent forward. Begin by rubbing gently but constantly with cloths; give one injection of a dozen or two globules, or a drop of *Opium*, dissolved in a-half pint of water, and inject slowly; this may be repeated every quarter of an hour, whilst the ribs are being rubbed gently. Put warm clothes on; hot stones wrapped in blankets between the thighs, to the feet, to the sides, neck and shoulders. If, in an hour, no change is produced, take a bitter almond, pound it fine, mix it with a pint of water, put a few drops into the mouth, or into the nose, and use the rest as an injection." Other physicians add to this treatment, subsequent administration of *Aconite*, *Arnica*, or *Ruta*.

*From Drowning.*—Resort to MARSHAL HALL's ready method, familiar to all, as found in all "Visiting Lists." In connection *Lachesis* or *Solanum mam.*, in the form of injection, and also on the tongue, have been recommended by HERING and LAURIE. In two cases that I have had, both of these remedies were tried, and nothing for good or evil resulted, though they *may* be useful in the subsequent treatment.

*From Cold.*—When an individual is found in a state of frost-bitten asphyxia, remove him, with great caution, to a place of shelter, or *unheated* apartment, protect him from the slightest draught. He should then be covered over with snow, to the height of several inches, the mouth and nostrils alone being left free. Put the patient in such a position that the melted snow will run off readily, and its place be supplied by fresh. When there is no snow, a cold bath, the temperature of which may be reduced by ice (or a bath of cold or salted water\*) may be substituted, and the body immersed therein for a few minutes. When every part has lost its frozen rigidity, the patient is to be undressed by degrees, or the clothes cut off. As the muscular or soft parts become pliable, they may be rubbed with snow until they become red, or the body is to be rubbed perfectly dry (if snow is not to be had), placed in flannel, in a moderately warm room, and rubbed with the warm hands of several persons simultaneously. In the event of no signs of returning animation, small injections containing *Camphor* may be administered every quarter of an hour. . . s soon as any symptoms of approaching restoration become per-

\*Salted water or salted snow must be used with the greatest caution.



ceptible, small injections of luke-warm black coffee (coffee without milk) may be thrown up; and as soon as the patient is able to swallow, a little coffee may be given, in the quantity of a tea-spoonful at a time. Against the excessive pain which is generally experienced when life is restored, *Carbo v.* should be supplied in repeated doses, and if it fail to relieve the sufferings, *Ars.* may be given. — LAURIE.

There are some remedies in common use for these accidents, which *alone* are of no avail, but in connection with the mechanical operations mentioned above, are of great value. They may be given in any of the three forms usual, *i. e.*, by the mouth, nose or rectum, and may be classed as follows :

- Asphyxia, from a Fall — *Arn.*, *Con.*,
- from a Fall and Loss of Blood — *Chin.*
- from Strangulation — *Opium.*
- from Suffocation — *Opium.*
- from Noxious Gases — *Acon.*, *Bell.*, *Opium.*
- from Drowning — *Lach.*, *Solan. mam.*
- from Freezing — *Acon.*, *Ars.*, *Bry.*, *Carbo v.*
- from Lightning — *Nux v.*
- of New-born Infants — *Chin.*, *Opium*, *Tart. em.*

In addition to the remedies cited for *Asphyxia from lightning*, bury the patient in the earth, all but the face, towards the sun, and dash cold water over him.

#### VARIOUS DISEASES OF THE PHARYNX.

INFLAMMATION of the Pharynx is often of an erysipelatous nature, and then, if not arrested, terminates in suppuration or gangrene. The mucous membrane becomes thickened and tumefied, and gives rise to many unpleasant symptoms. When gangrene or suppuration succeeds the inflammation, it is necessary to keep the part clean, and hence the use of *unmedicated* gargles is requisite.

*Abscess of the Pharynx* : The posterior wall of the pharynx is often the seat of abscess, and the presence of a tumor increasing in size more or less rapidly, and evidently fluctuation on palpation, may nearly always be considered an abscess. If in no other situation in the body, this *one* should *always* be opened. The neglect

to do this may result in the pointing of the abscess almost anywhere, as the pus burrows under the loose tissues in this part of the body to almost any extent.

*Tumors of the Pharynx* are usually of two varieties — either cancer or polypi. They are both malignant, as the polypi in this situation is malignant in its cause and termination, if not cancerous in structure. However, the true cancer is the most common, so much so that many authors speak of them as being the *only* tumors in this situation. From the peculiar structure of this part of the body, these tumors grow with great rapidity, and unless very early removed cause death by suffocation, from the obstruction to the air passages.

### CANCNUM ORIS.

CANCNUM ORIS is common to childhood, and is apt to occur about the period of the second dentition, or during convalescence from some of the eruptive fevers.

When caused by foul air, living in damp cellars, or insufficient or bad food, the insides of the lips, cheeks, or sometimes the gums, are found to be dotted with small, foul, gray ulcers; the gums are spongy; foetid odor from the mouth, and many of the symptoms consequent upon salivation. This constitutes a mild form, and change of living or air will often produce a complete cure, unaided by treatment of any kind.

But there is a graver form, the “true cancrum oris,” and it is very offensive, and often fatal. One of the cheeks becomes swollen, tense and shining, being excessively hard and presenting a red patch in the center. It is often difficult to open the mouth; in the inside will be seen a deep and excavated foul ulcer, opposite to the external swelling, covered with a brown, pulpy slough. The gums are turgid, dark and ulcerated; the saliva is mixed with putrescent matter, and as the ulceration in the mouth extends, the swelling sloughs, and a large, dark, circular and gangrenous cavity forms in the cheek, opening through into the mouth. It is a terrible disease, and makes us think of washes and lotions, but they are just as hurtful here as any other disease, and must be rigorously excluded from the treatment. Trust attenuations alone.

## DISEASES OF THE LARYNX.

LARYNGITIS is spoken of as *acute*, or *œdematous*. The former is that in which the mucous membrane and cartilages are the seat of the disease. The latter is when the sub-mucous cellular tissue is involved.

Inflammations of the larynx are always of a dangerous character. The danger lies in the liability to occlusion of the rima-glottidis, from swelling of the lips of the glottis, from plastic effusion, or from œdema. Spasms of the larynx and trachea are also to be taken into consideration, and are, to say the least, exceedingly unpleasant concomitants. The symptoms of the acute form are those indicating inflammation, and an obstruction to the proper performance of respiration. There is also some difficulty in swallowing, and tenderness of the larynx on pressure, more particularly on the pomum Adami. These symptoms speedily assume an alarming type, and result in death.

*Edematous laryngitis* presents many of the same symptoms, only in an intensified form. The fauces are seen to be swollen, dusky and pulpy; early dyspnœa, the voice becoming hoarse, rough, and eventually extinct; much difficulty in swallowing. There are usually spasms of the larynx; but, unlike the acute form, there is but little, if any, tenderness on pressure. As the disease progresses, we have a quick, small pulse, convulsive breathing, restlessness, clammy, pale face, dead-looking eyes, and stupor, followed by death.

In the œdematous variety of laryngitis it is sometimes absolutely necessary to perform tracheotomy.

*Aphonia* is a general term applied by allopathists to designate diseases of the larynx which they are pleased to call "incurable chronic," that are characterized by permanent alteration of the voice, and in some instances an almost total loss. Long-continued use of the voice in public (more especially in those not accustomed to it) will produce it, and as many ministers, from some reason or another, are so affected, it is commonly spoken of as "clergyman's sore throat." The term aphonia, however, is in this case misapplied, as we have accustomed ourselves to using it as distinguishing a *total loss* of voice, and not a mere alteration. The portion of the

throat usually affected is the rima-glottidis, which will be found to be chronically inflamed. In many instances, however, this inflammation extends some distance lower, and may even involve the vocal cords. The posterior nares, palate and fauces are found simultaneously affected. A secretion of thick puriform matter will be found hanging in a broad streak down one side of the posterior wall of the pharynx.

*Necrosis of the Cartilages* is a death of the cartilages of the larynx, due to one of the preceding diseases, but is most commonly noticed in cases of secondary or congenital syphilis. The more symptomatic indications are expectoration of large quantities of foetid puriform sputa, mixed with blood quite frequently, and occasionally containing portions of the dead cartilage.

Abscesses often occur in connection with necrosis particularly, and they usually open externally. They may, however, from burrowing, dissect up the tissues for a long distance before pointing. When they open over the necrosed spot, ærial fistula will form, through which bubbles of air escape during respiration.

#### STRICTURE OF THE ESOPHAGUS.

Two kinds of stricture are noticed by surgeons: first, spasmodic, and second, the organic.

*Spasmodic Stricture*: This form is peculiar to hysterical women in a great measure, but is often produced by the irritation caused in the canal, consequent upon the procedure necessary in the removal of foreign substances that have become arrested here; the constrictor muscles of the pharynx seem to be the seat of the trouble. As proof of its hysterical nature, it has been noticed that the attacks are periodical, and are brought on by attempting to swallow certain food, and occurs at some particular time of day. Not unfrequently it appears to be a variety of the globus hystericus.

The *Organic Stricture*, unlike the preceding, is a veritable stricture. Either end of the canal may be the site, although the usual situation is that immediately back of the cricoid cartilage in the upper portion. The first difficulty experienced is an ineffectual attempt at deglutition, or that food returns to the mouth after having been partially swallowed. Death may result from one of

two causes: either the patient dies from actual starvation, or else an abscess forms around the constricted place. A bougie, or probang with the sponge removed, is absolutely necessary to forming a perfectly correct diagnosis. If the stricture be decided, a difficulty will be experienced in attempting to pass the instrument beyond that point.

#### DISEASES OF THE PAROTID.

PAROTITIS is readily cured. Suppuration but rarely occurs, and the only sequel to be dreaded is metastasis. The testicle and the mammary gland, as said in another place, are the choice seats of its re-appearance.

*Tumors* here are of rare occurrence; that is, where a tumor grows from the gland, without the whole of the gland being included. They are of a fibrous nature, often encysted, hard, deeply attached, but movable. They are round, and often a very great size, up to that of a cocoa-nut even. They frequently send prolongations under the lower jaw, and then occupy the whole of the space between its angle and the mastoid process. When firmly bound down, they involve the blood-vessels and nerves of this important region, coming into relation with the styloid process and its muscles, and even pressing upon the pharynx. In consequence of the large size that these tumors may attain, they have a tendency to produce atrophy of the parotid, and often, by interfering with the cerebral circulation, occasion congestive symptoms. The parotid may undergo cancerous infiltration, the tumor presenting the characters and running the course of the ordinary forms of malignant disease. It is of importance to make out early the diagnosis between the malignant and non-malignant varieties. In the *fibrous* tumor there is always mobility, and although the attachment may be deep, the skin is not involved, and the outline of the mass is usually well defined, square, and somewhat lobulated. In the *scirrhous* growth, there is no mobility, but the mass is solidly fixed, its outline is ill-defined, the skin soon assumes a reddish-purple color, brawny, and presents the usual characters indicative of subjacent malignant action. When the tumors are *medullary*, they grow with considerable rapidity, feel soft, pulpy, and are ill-defined

in their outline, especially under the ear, and by the ramus of the jaw.

*Tumors of the Neck.*—One variety is peculiar to this locality, and is called *hydrocele of the neck*. It is a cystic tumor, appearing in the posterior triangle, and is a large bladder-like mass, and may be single or multilocular. The cysts are filled with a fluid of any shade of color from that of water to black; or of any consistency from limpidity to a semi-solid form. They attain an immense size, and impede deglutition and respiration.

#### BRONCHOCELE.

ALL tumors, as well as simple hypertrophies of this gland, have, of late, received the incorrect name of "goitre." M. MAUMENE, a French chemist, contends that goitre is caused by the presence of the *fluorides* in the water. He gave a dog *Fluoride of potassium* for some time (five months), and at the end of that time had succeeded in producing a swelling of the gland, that, though small, was quite distinctive.

The tumor so formed, whatever be the cause, may include a portion or the whole of the gland, and is often, apparently, in two distinct sections. When large, they are a source of danger from the pressure exerted on the windpipe.

*Ex-ophthalmic Goitre* is an abnormal condition noticed in connection with these enlargements, and although no distinct connection has been as yet traced between the prominent eyes and palpitating heart and the tumor, yet they are so frequent a coincidence that it is impossible not to regard them in the light of cause and effect. There is usually also a pale and anæmic countenance, with the unusual prominence of the eyes.

In London, pale and bloodless girls are quite commonly affected with bronchocele in a greater or less degree. I have had two cases like this, and in each, whenever the patient became excited, particularly from grief, the tumor would increase perceptibly in size, and pulsate very strongly.

#### HYPERTROPHIED TONSILS.

THIS enlargement is met with in all degrees, from a simple inflammatory condition to a chronic hypertrophy and induration.



Struma is usually the cause of chronic enlargement, though when the glands have been once swollen, they readily become so again. Excision is a favorable allopathic remedy, but I never practice it.

**Therapeutics.**—The remedies to be employed in the treatment of these diseases are as follows: *Acon.*, *Alum.*, *Amm. c.*, *Ant. c.*, *Apis*, *Ars.*, *Aur.*, *Bapt.*, *Baryta*, *Bell.*, *Brom.*, *Calc.*, *Canth.*, *Capsic.*, *Carbo v.*, *Caust.*, *Cham.*, *Cistus c.*, *Coff.*, *Con.*, *Dulc.*, *Dros.*, *Gelsem.*, *Hepar*, *Hyos.*, *Ign.*, *Iod.*, *Ipec.*, *Kali bich.*, *Kali c.*, *Kreos.*, *Lach.*, *Led.*, *Lyc.*, *Mang.*, *Merc.*, *Nat. c.*, *Nat. m.*, *Nit. ac.*, *Nux vom.*, *Petrol.*, *Phos.*, *Phytol.*, *Podoph.*, *Puls.*, *Rhus*, *Samb.*, *Sang.*, *Senega*, *Sepia*, *Sil.*, *Spong.*, *Staph.*, *Stram.*, *Sulph.*, *Tart. em.*, *Thuja*, *Verat.*

The index may be arranged as follows:

**TONSILITIS:** *Baryta*, *Bell.*, *Hep.*, *Ign.*, *Lach.*, *Merc.*, *Nit. ac.*, *Nux v.*, *Sulph.*; *Calc.*, *Canth.*, *Cham.*, *Lyc.*, *Sep.*, *Thuja*.

—— with Suppuration.—*Baryta*, *Bell.*, *Ign.*, *Lach.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Sep.*, *Hep. s.*

—— with Ulceration.—*Baryta*, *Bell.*, *Ign.*, *Lach.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Sep.*

**PHARYNX:** Simple Inflammation of.—*Acon.*, *Bell.*, *Canth.*, *Lach.*, *Merc.*, *Phytol.*

—— Polypi in.—*Ars.*, *Calc.*, *Lach.*, *Merc.*

**ESOPHAGUS:** Spasmodic Stricture of.—*Bapt.*, *Bell.*, *Hyos.*, *Lach.*, *Stram.*, *Verat.*; *Con.*, *Lyc.*, *Merc.*, *Nux vom.* Also study *Acon.*, *Ars.*, *Cicuta*, *Hydrop.*, *Mezer.*, *Natr. mur.*, *Nit ac.*, *Plumb.*

—— Organic Stricture.—*Calc.*, *Canth.*, *Merc.*, *Nux vom.*

**LARYNGITIS;** Acute.—*Acon.*, *Hep.*, *Spong.*; *Cham.*, *Dros.*, *Lach.*, *Merc.*, *Ipec.*, *Phos.*, *Senega*.

—— Oedematous.—*Apis*, *Ars.*, *Calc.*, *Carbo v.*, *Caust.*, *Cistus can.*, *Phos.*; *Dros.*, *Hep.*, *Iod.*, *Kreos.*, *Led.*, *Mang.*, *Nit ac.*

**APHONIA:** Ordinary.—*Arum*, *Cham.*, *Carbo v.*, *Dulc.*, *Merc.*, *Nux*, *Puls.*, *Rhus*, *Samb.*, *Sulph.*; *Bell.*, *Calc.*, *Capsic.*, *Dros.*, *Hep.*, *Mang.*, *Natr.*, *Phos.*, *Tart. em.*

—— Complete.—*Ant. c.*, *Bell.*, *Caust.*, *Merc.*, *Phos.*, *Sulph.*

—— Chronic.—*Carbo v.*, *Caust.*, *Hep.*, *Mang*, *Petrol.*, *Phos.*, *Sil.*, *Sulph.*; *Dros.*, *Dulc.*, *Rhus*.

—— from a Chill.—*Bell.*, *Carbo v.*, *Dulc.*, *Sulph.*

**NECROSIS OF CARTILAGES OF THE LARYNX:** *Ars.*, *Calc.*, *Dulc.*, *Hep. s.*, *Lach.*, *Merc.*, *Rhus*, *Sil.*, *Sulph.*



PAROTITIS: *Merc., Aur.*

——— Erysipelatous.— *Bell., Hyos.*

——— from Mercury.— *Carbo v.*

——— Metastasis.— *Carbo v.*

BRONCHOCELE: *Amm. c., Calc. c., Caust., Hep., Iod., Lyc., Nat. c., Nat. m., Spong., Staph.; Bromine.*

CANCER ORIS: *Ars., Aur., Borax, Capsic., Carbo v., Dulc., Lach., Merc., Nat. m., Nit. ac., Nux v., Staph., Sulph., Sulph. ac.*

**Aconite nap.** Tingling in the esophagus; acute inflammation in the throat, palate, tonsils and fauces, with high fever, dark redness of the part, and burning and stinging in the fauces; stinging in the throat when swallowing and coughing; almost entire inability to swallow, with hoarseness; inflammation of the larynx and bronchia; short, dry cough, from titillation in the larynx; expectoration of bloody mucus.

*Worse* in the evening, and at night; also during inspiration, and from cold in general.

*Better* in the open air, and from warmth in general. Left side.

**Alumina.** Sensation of constriction in the esophagus when swallowing; sensation as if the esophagus were contracted when swallowing a small morsel of food; the passage of the food is felt until it enters the stomach; great dryness of the throat; dry, short cough, especially in the morning, with dyspnoea; cough, with expectoration, in the morning; hoarseness, especially in the afternoon and evening.

*Worse* in the afternoon; also on chewing.

*Better* in the open air, and when eating, especially when eating or drinking *warm* things. Right side?

**Ammonia carb.** When swallowing, sensation of a foreign body in the throat; scraping and soreness in the throat; hoarseness, and inability to speak a loud word, or swallow, or open the mouth; cough dry, produced by a sensation like tickling in the throat produced by dust; cough, with spitting of blood, with previous sweet taste, and great dyspnoea; hard swelling of the right parotid gland after taking cold.

*Worse* in the afternoon; also when chewing, from cold, when eating, and from wet poultices.

*Better* in the open air, from pressure, and from warmth in general. Right side.

**Antimonium crud.** Fine pinching in the region of the palate all night, especially painful during deglutition; rough voice; extreme feebleness of voice; loss of voice whenever he became hot, returning when resting himself; sensation as of a foreign body in the throat; violent spasm in the larynx and pharynx.

*Worse* in the morning, afternoon, evening and at night; also from wet poultices.

*Better* in the forenoon, and in the open air. Either side.

**Apis mel.** Dryness in the throat without thirst; burning-stinging in the throat; inflammation of the throat, with swelling redness, and stinging pains; hoarseness in the morning.

*Worse* in the morning, evening, and at night; also from heat, especially in the warm room.

*Better* from cold water. Left side?

**Arsenicum album.** The mouth is reddish blue, inflamed and burning; secretion of abundant, tough, foetid and bloody saliva; painful, difficult deglutition, from constriction of the esophagus; burning in the throat; dryness, burning and constriction in the larynx; respiration oppressed, anxious and short.

*Worse* in the evening, and at night; also from cold, on coughing, after drinking, while lying down.

*Better* from warmth. Right side.

**Arum triph.** Constant hawking; profuse secretion from posterior nares and fauces; voice uncertain, continually changing; hoarseness from talking; submaxillary glands swollen; foul, acrid secretion from nose and mouth excoriating lips and mouth; corners of mouth sore, cracked and bleeding.

*Worse* when attempting to drink or swallow.

**Aurum met.** Painful swelling of the submaxillary glands; caries of the palate from abuse of mercury; suffocating attacks, with suffocating oppression of the chest; putrid cheese-like smell from the mouth; (metastasis of parotitis to the testes; the scrotum is swollen, hard, red and shining, hot, and covered with white scales.—G.)

*Worse* in the morning, and at night; also from cold.

*Better* from warmth. Left side.

**Baptisia.** Esophageal stricture; great aversion to open air, inability to swallow anything but liquids.

**Baryta carb.** Swelling of the submaxillary glands, with induration; inflammation of the throat, with swollen inflamed tonsils;

sensation as from a plug in the throat; sensation of smoke in the larynx; hoarseness and loss of voice, from tough mucus in the larynx and trachea.

*Worse* at night; also from cold, when eating, from pressure, and on swallowing, from suppression of sweat of the feet.

*Better* from warmth. Either side.

**Belladonna.** Swelling and inflammation of the submaxillary glands; inflammatory swelling and redness of the inner mouth and soft palate; inflammation of the throat, with sensation of a lump, which induces hawking, with dark redness and swelling of the velum palati; burning and dryness in the esophagus; stinging in the esophagus and in the tonsils; the esophagus feels contracted; spasms in the throat not permitting one to swallow; the drink returns through the nose, continual inclination to swallow; tonsils inflamed and swollen, with ulcers rapidly forming on them; larynx very painful, with anxious starts when touching it; constriction of the trachea; voice rough, with a nasal sound; hoarseness and loss of voice; painful swelling of the glands of the neck.

*Worse* in the evening, and at night; also when drawing the breath, from cold in general, on coughing, from wet poultices, when swallowing drink, and when talking.

*Better* from warmth in general. Right side.

**Bromium.** Swelling and hardness of the left parotid gland; inflammation of the throat, which is red and looks like a net, with corroded places; burning from the mouth to the stomach; heat in the mouth and esophagus; hoarseness, aphonia; soreness and roughness in the throat; tickling in the trachea during an inspiration; two encysted tumors on both sides of the neck.

*Worse* in the evening; also in the warm room, and when at rest.

*Better* from motion. Right side.

**Calcarea carbonica.** Inflammatory swelling of the parotid gland; painful, hard swelling of the submaxillary glands; spasmodic contraction of the esophagus; inflammatory swelling of the palate, with blisters on it; stinging in the throat when swallowing; swelling of the tonsils; hoarseness; sensation as if something were torn loose in the trachea; ulceration of the larynx; tickling cough, caused by a sensation of dust in the larynx; thick, struma-like swelling of the thyroid gland.

*Worse* in the morning, evening, and at night; also while draw-

ing in the breath, on coughing, during and after eating, from wet poultices, and from talking.

*Better* when lying down, and in dry weather. Right side?

**Cantharides.** Burning in the mouth, extending down the pharynx and esophagus in the stomach; inflammation of the mouth and pharynx; inflammation and suppuration of the tonsils, with inability to swallow; painless inability to swallow; burning and stinging in the larynx, especially when attempting to hawk up the tough mucus; hoarseness; weak and indistinct voice.

*Worse* in the afternoon, and at night; also while drinking, from wet poultices, and when swallowing the drink.

*Better* while lying down. Either side.

**Capsicum an.** Burning blisters in the mouth; spasmodic contraction of the throat; inflammation, with dark redness and burning, as from pepper in the throat.

*Worse* in the evening, and at night; also, while drawing the breath, from cold, when coughing, when lying down, from pressure, and when *not* swallowing.

*Better* while eating, when swallowing, and from warmth in general. Either side.

**Carbo veg.** Swelling of the parotid gland; sensation of constriction in the throat; feeling of coldness of the throat; burning, roughness, rawness of the throat; the throat is full of mucus, that can be hawked up readily; swelling and inflammation of the uvula, with stitches in the throat; hoarseness; roughness of the throat causing cough; soreness and ulcerative pain in the larynx and pharynx; loss of voice at night, or while talking; glands swollen and indurated.

*Worse* in the morning and forenoon; also in the evening or open air, during eating, from wet poultices, from pressure, and from talking.

*Better* after lying down. Right side.

**Causticum.** Accumulation of much mucus in the mouth and throat; constant disposition to swallow; pain as if a tumor were in the throat; audible cracking in the throat; sensation as if something cold were rising in the throat; burning and roughness in the larynx; hoarseness and roughness in the larynx; swelling like goitre on the throat.

*Worse* in the evening, and at night; also from cold in general, while and after eating.

*Better* from warmth in general. Left side.

**Chamomilla vulg.** Inflammatory swelling of the parotid gland; inflammation of the soft palate and tonsils, with dark redness; sensation of a plug in the throat; inability to swallow solid food; sore throat, with swelling of the parotid and submaxillary glands; wheezing and rattling in the trachea; hoarseness from tenacious mucus in the trachea; catarrhal hoarseness; stitches and burning in the larynx, with hoarseness; hoarseness and cough, from rattling mucus in the trachea; inflammatory swelling of the glands of the neck.

*Worse* in the evening, and at night; also in the open air, during inspiration and from wet poultices.

*Better* from cold. Either side.

**Cistus can.** Swelling of the parotid glands; sensation of coldness in the tongue, larynx, and trachea, the saliva and breath feel cool; dryness and heat in the throat, with constant swallowing of saliva to relieve it; periodical itching in the throat; fauces inflamed and dry, without feeling dry; hawking up of thick, gum-like, tasteless phlegm; stitches in the throat, causing cough whenever mentally excited; feeling as if trachea was not wide enough; pain in the trachea; feeling of rawness extending from the upper part of the chest into the throat; glands of the neck and throat are swollen; scrofulous swelling and suppuration of the glands of the throat.

*Worse* in the evening, night, and in the morning; also in the cold air, when lying down, from drinking coffee and from motion.

*Better* in the fresh air. Right side.

**Coffea cruda.** Swelling and painfulness in the throat; short, dry cough, as from constriction of the larynx.

*Worse* in the morning and at night; also when in the open air.

*Better* from cold water. Either side.

**Conium mac.** Induration of the parotid gland; pressure in the esophagus, as if a round body were ascending from the stomach; spasmodic constriction of the throat; swelling of the glands, with stinging and stitches after contusions and bruises; hard swelling of the glands.

*Worse* in the morning, and at night; also in the open air, from cold; when eating; when lying down.

*Better* from pressure and from warmth. Either side.

**Dulcamara.** Continual hawking up of very tough saliva, with much rawness in the fauces; cough, with expectoration of bright blood; hoarseness; swelling of the glands of the neck.

*Worse* at night; also, from cold, when lying down, and in wet weather.

*Better* from warmth, and in fine weather.

**Drosera rot.** Sensation of dryness in the throat; ulceration of the velum palati; stinging in the throat during deglutition; sensation in the pharynx as if crumbs had remained behind; difficulty in swallowing solid food, as if the esophagus were contracted; scraping in the throat from eating salt food; hawking of green or yellow mucus; continuous dryness and roughness in the larynx; inflammation of the larynx and pharynx, causing pain when talking; deep, cracked voice; laryngeal and tracheal phthisis.

*Worse* in the morning, at night, and towards morning; also during expiration, when lying down, from talking and from warmth in general.

*Better* from cold. Right side.

**Gelsemium.** Dryness and burning in the throat; dryness of the throat, with hoarseness; sensation of heat and constriction in the throat; burning in the mouth, extending to the throat and stomach; sensation as if a foreign substance were lodged in the throat; difficult deglutition; voice weak, paralysis of the glottis, with difficult deglutition; spasm of the glottis in the evening, threatening suffocation; roughness in the throat; raw, as if ulcerated in the larynx; hoarseness, with dryness of the throat; burning in the larynx, descending into the trachea.

**Hepar sulph.** When swallowing, sensation as if there were a plug in the throat, or as if a splinter were sticking in it; scraping in the throat when swallowing the saliva; swelling of the tonsils and glands of the neck; dry throat; stitches in the throat, extending to the ear; wheezing, and painfulness of a small spot, in the larynx; swelling below the larynx; roughness in the throat; hoarseness.

*Worse* in the morning, forenoon, evening, and at night; also during inspiration, from chewing, from cold, when coughing, when eating, from pressure, and when swallowing the food or saliva.



*Better* in damp, wet weather, and from warmth in general.  
Left side.

**Hyoscyamus nig.** Constriction of the throat, with inability to swallow, especially fluids; parching dryness of the fauces; elongation of the uvula; rough voice, from mucus in the trachea and larynx.

*Worse* in the evening; also when chewing, from cold in general; when drinking.

*Better* from warmth? Either side.

**Ignatia am.** Redness, inflammation and soreness of the inner mouth; stitches in the soft palate, extending to the ear; stitches in the throat, when *not* swallowing; sensation as of a lump in the throat when not swallowing; when swallowing, sensation as if he swallowed over a lump, with soreness and crackling noise; inflamed, swollen and indurated tonsils, with small ulcers on them; pain in the submaxillary glands when moving the neck; sensation of soreness in the larynx; constrictive sensation in the trachea and larynx; low voice; painless glandular swelling in the neck.

*Worse* morning, afternoon, evening, and in the night; also during expiration, on chewing and when not swallowing.

*Better* during inspiration, when eating, when swallowing, and from warmth. Either side.

**Iodium.** Swelling and elongation of the uvula; inflammation of the throat, with burning pain; burning in the fauces; constriction of the throat, with impeded deglutition; inflammation of the larynx and trachea; pain in the larynx, with discharge of hardened mucus; contraction and heat in the larynx; increased secretion of mucus in the trachea; the voice becomes deeper; hoarseness; swelling of the neck; strumous enlargement and painful induration of the goitre; sensation of constriction in the goitre; swelling of the glands of the neck; swelling of the thyroid gland.

*Worse* in the evening, and at night; also during expiration, while drinking, from pressure, and from warmth in general.

*Better* from cold. Either side.

**Ipecacuanha.** Spasmodic contractive sensation in throat; fauces are stinging, rough, sore, and dry; swelling in the pit of the throat which eventually suppurates.

*Worse* in the evening: also on coughing.

*Better* in the open air. Either side.

**Kali bich.** Erythema of the fauces and soft palate, bright or



dark red, or of a coppery color; the soft palate slightly reddened, uvula relaxed, and sensation of a plug in the throat, which is not relieved by swallowing; deep, excavated sore, with a reddish areolar, containing a yellow tenacious matter, at the root of the uvula; the fauces and palate presenting an erythematous blush; the posterior wall of the pharynx is dark red, glassy, puffed, showing ramifications of pale red vessels; on the middle, toward the left side, a small crack from which blood exudes; sharp, shooting pain in the left tonsil toward the ear, relieved by swallowing; burning in the pharynx, extending to the stomach; in the fore part of the palate, on single circumscribed spots of the size of a barley-corn, colored red, as if little ulcers were about to form; ulcer on the roof of the mouth, with sloughing; ulceration of the uvula and tonsils; sensation as from ulceration in the larynx; hoarse, rough voice; tickling in the larynx, every inhalation causes cough; the complaints appear periodically, at the same hour.

*Worse* in the morning; also from cold, after eating, and in the summer.

*Better* from heat. Left side?

**Kali carb.** Inflammation and hard swelling of the parotid gland; sensation of dryness in the mouth, with increased secretion of saliva, painful vesicles all over the inner mouth, with burning pain; stinging pain in the throat when swallowing; difficult deglutition; the food descends very slowly in the esophagus, and small particles are apt to get into the larynx; roughness of the throat; complete aphonia; hard swelling of the submaxillary gland.

*Worse* in the morning, evening, and at night; also during inspiration, from cold, when eating.

*Better* from warmth. Left side.

**Kreosote.** Scraping in the throat, with roughness and dryness.

*Worse* in the morning; also in the open air, on moving, and from cold food.

*Better* from warmth. Right side.

**Lachesis.** Much slimy saliva, especially at the back part of the mouth; sensation of a plug in the throat, or as if a lump of mucus in the throat, with continual desire to swallow; the fluid which is swallowed escapes through the nose; ulcers in the throat and on the inflamed tonsils; empty swallowing aggravates the pain in the throat more than swallowing of the food, and fluids swallowed with less pain than solids; can not swallow the food after masti-

cating it, because it rests on the back part of the tongue and produces a thrilling pain there; tonsils swollen, mostly the left one; when swallowing, the pain extends to the left ear; the inflammation and ulceration in the throat begin on the left side, and later extend over to the right; the external throat is very sensitive to the touch; hoarseness, with sensation of rawness and dryness in the larynx.

*Worse* in the evening, and at night; also in the open air, and when swallowing the food and the saliva, and after sleep.

*Better* during inspiration, while eating, and in dry weather. Left side.

**Ledum pal.** Glandular swellings under the chin; sore throat, with fine, stinging pain, worse when not swallowing; sensation as if from a lump in the throat; when swallowing, the pain is stinging; tingling in the trachea.

*Worse* in the evening, and at night; also from warmth, from motion, and the heat of the bed.

*Better* from cold, and when swallowing.

**Lycopodium.** Swelling of the submaxillary glands; the posterior part of the mouth is covered by a tough mucus; inflammation of the throat with stitches in swallowing; the tonsils are swollen, and suppurate; ulceration of the tonsils begins on the right side; the pharynx feels contracted, nothing can be swallowed; hoarseness; the voice is feeble and husky; stiffness and swelling of one side of the neck.

*Worse* in the afternoon (from 4 P.M. to 8 P.M.), evening, and at night; also during inspiration, during eating, while lying down, and from pressure.

*Better* from pressure, and in dry weather. Right side.

**Manganum.** Cutting soreness in the throat, between the acts of deglutition; when swallowing, dull stitches on both sides of the larynx, extending to the ear, dryness and scratching of the throat, with a sensation as if a leaf were stopping it up; red, swollen streak on the left side of the neck.

*Worse* in the evening, and at night; also on stooping, and on being touched.

*Better* from pressure, and in dry weather. Either side.

**Mercurius.** Inflammatory swelling of the right parotid gland, with stinging; inflammatory swelling of the inner mouth; ulceration of the salivary glands; pain when swallowing, as if a foreign

body were being swallowed down; burning in the throat, as if from hot vapor ascending from the stomach, with a dryness in the throat when swallowing, though continuous desire to swallow, with accumulation of water in the mouth; redness and pain in the throat; erysipelatous inflammation of all the soft parts of the mouth and throat; inflammation and redness of the palate; the fluid is returned through the nose; sticking pain in the tonsils when swallowing; hoarseness, with burning and tickling in the larynx; inflammation and swelling of the glands of the neck, with pressing pains and stitches.

*Worse* in the evening, and at night; also in the evening air, when drawing in the breath, when swallowing the drink, and from warmth in general.

*Better* from cold, and in dry weather. Right side.

**Natrum carb.** Flat ulcers and blisters inside of the mouth, burning and painful when touched; the throat and esophagus feel rough, scraped and dry; swelling of the glands of the neck; pain and pressure in the goitre.

*Worse* in the morning, and in the evening; also before eating, from talking, and from the slightest exertion.

*Better* from motion, on pressure, or on rubbing. Either side.

**Natrum mur.** Swelling of the submaxillary glands; ulcers in the mouth and on the tongue, also blisters, that have a smarting, burning pain when touched by the food; swelling, with sensation of constriction, and stitches in the throat; long-continued sore throat, with sensation as if she had to swallow over a lump; hoarseness, with dryness in the larynx.

*Worse* in the morning, forenoon, and night; also on drawing the breath when chewing, on eating, from pressure, and when swallowing.

*Better* while lying down. Right side?

**Nitric acid.** Painful swelling of the submaxillary glands; ulcers in the mouth and fauces, with pricking pains; inflammation of the throat, with pricking pains or with burning and soreness, after the abuse of mercury; painful soreness of the soft palate, the tongue, and inside of the gums, with stinging pain and ulceration of the corners of the mouth; great dryness and heat in the throat; scratching and stinging in the larynx, with hoarseness, especially after talking a long time, in syphilitic persons.

*Worse* in the morning, afternoon, evening, and at night; also from touching the parts, when swallowing the food.

*Better* on getting warm. Either side.

**Nux vomica.** Swelling of the submaxillary glands, with stinging on swallowing; inflammatory swelling of the throat, roof of the mouth and gums, with difficulty of deglutition; sensation as of a plug in the throat; sensation of soreness in the throat on inhaling cold air; when swallowing, stitches in the throat, with sensation as if it were too narrow, or constricted; inflammatory swelling of and stitches in the palate; suffocative attacks after midnight, from spasmodic constriction of the larynx; itching in the larynx.

*Worse* in the morning; also from motion, and on being lightly touched.

*Better* from strong pressure. Left side.

**Petroleum.** Swelling of the submaxillary glands; stinging pain in the throat when swallowing; ulcers on the inner cheek, painful when closing the teeth; when swallowing, the food enters into the posterior nares; swelling and induration of the glands.

*Worse* in the morning, and in the evening; also from cold in general.

*Better* from warmth, and in the warm air. Right side.

**Phosphorus.** Burning in the esophagus; dryness of the throat day and night; spasmodic constriction of the esophagus; the tonsils and uvula are much swollen; hoarseness and loss of voice; great painfulness of the larynx, preventing talking; stitches, soreness, dryness, and roughness of the larynx.

*Worse* in the morning, evening, and at night; also after eating anything warm, and when the weather changes.

*Better* from eating anything cold. Left side.

**Phytolacca dec.** Sensation of dryness in the throat and posterior fauces; sensation of a lump in the throat, which causes a continual desire to swallow; bronchocele (Hale); glandular enlargements.

*Worse* in the morning and afternoon; also in the latter part of the night. The symptoms may appear on either side.

**Podophyllum pelt.** Dryness of the throat; rattling of mucus in the throat; inflammation, induration and suppuration of the glands; goitre; sore throat commencing on the right side and going to the left.

*Worse* in the morning.

*Better* in the evening.

**Pulsatilla.** Pain in the throat, as if sore and raw; stinging, with pressure and tension in the throat, on empty swallowing; inflammation of the throat, with distension of the veins; hoarseness, which does not admit of speaking a loud word; breathing is groaning or rattling.

*Worse* in the evening, and at night; also from warmth, after eating, and when lying down.

*Better* in the open air, and from cold. Left side.

**Rhus tox.** Inflammatory swelling of the left parotid gland; suppuration of the parotid glands; sore throat, as from an internal swelling, with bruised pain, also when talking, with pressure and stinging when swallowing; difficult swallowing of solid food, as from contraction of the esophagus; sensation of coldness in the larynx when breathing; hoarseness, with roughness in the larynx, and roughness and soreness in the chest; hot air rises from the trachea.

*Worse* in the morning, and at night; also when at rest, from damps, from cold, and when swallowing.

*Better* from motion, and from warmth. Left side.

**Sambucus nig.** Dryness of the throat and mouth, but without thirst; inflammation of the larynx and trachea.

*Worse* in the night; also when at rest.

*Better* from motion and on sitting up in bed. Either side.

**Sanguinaria can.** Ulcerated sore throat; feeling of swelling in the throat on swallowing; feeling of dryness in the throat not relieved by drinking; heat in the throat, which is relieved on the inspiration of cold air; dryness of the throat, and sensation of swelling in the larynx.

*Worse* in the morning and evening; also, from noise or motion.

*Better* when lying still.

**Senega.** Burning in the throat, mouth, and on the tongue; inflammation and swelling of the throat and palate; dryness of the throat, with accumulation of tough mucus which is difficult to hawk up; hoarseness.

*Worse* in the evening; also when at rest.

*Better* from walking in the open air. Left side.

**Sepia.** The tongue and cavity of the mouth feel as if scalded; dryness of the throat, with tension and scraping; soreness and stinging in the throat, with swelling of the submaxillary glands; sensation as if from a plug in the throat; roughness and soreness



in larynx and throat; hoarseness, with dry cough, from titillation in the throat, with coryza; feeling of dryness in larynx.

*Worse* in forenoon, and evening; also, after eating, and when at rest.

*Better* from warm air, and from violent exercise. Left side.

**Silicea.** Hard swelling of the parotid gland; painful swelling of submaxillary gland; sore throat, with much mucus in throat; when swallowing, soreness and stitches in throat; swelling of the palate; difficult deglutition, as if from paralysis; when swallowing the food gets into the posterior nares; hoarseness, with roughness of the larynx; painless glandular swellings; glands swell without pain, but cause unpleasant itching; suppuration of the glands (with thin, fetid, watery, or flakey pus—G.).

*Worse* in the night; also, in the open air, from cold, or getting wet, after eating, from pressure, when sleeping.

*Better* from warmth. Right side.

**Spongia tosta.** Swelling of the submaxillary glands, with tension; mouth and tongue full of vesicles, with burning and stinging pains, on that account can not eat any solid food; weak voice; difficult respiration, as from a plug in the larynx; spasmodic constrictive pain through the chest and larynx; sensitiveness of the larynx to the touch, and when turning the head; pressure in the larynx when singing; inflammation of the trachea and bronchiæ; large goitre, with stinging, pressing and tingling pain; painful stiffness of the muscles of the neck and throat.

*Worse* at night; also, from smoking tobacco.

*Better* when at rest. Right side.

**Staphisagria.** Hardness of hearing, with swelling of the tonsils after abuse of mercury; painfulness of the submaxillary glands, with or without swelling; throat dry and rough, with soreness when talking or swallowing; when talking she swallows continually; rawness in the larynx from talking; hoarseness, with much tenacious mucus in larynx and chest.

*Worse* all times of day, except evening; also, from touch.

*Better* after lying down. Left side?

**Stramonium.** Difficult deglutition, from dryness, and spasmodic constriction of the throat; constriction of larynx; fine, shrieking voice; fear of water, and aversion to all fluids.

*Worse* in the morning; also, after sleep, from being touched.

*Better* when in company. Left side.

**Sulphur.** Long-continued sensation of a lump in the throat; sensation as if swallowing a piece of meat during empty deglutition; dryness of the throat; stitches in the throat when swallowing; sensation of contraction in the throat when swallowing; elongation of the palate; swelling of the palate and tonsils; hoarseness and roughness of the throat, with much mucus in the chest; deep, rough voice, aphonia; coldness in throat during an inspiration.

*Worse* in evening, or after midnight; also, when waking, on getting warm in bed, from talking, from touching the part, and from washing.

*Better* during motion, and from heat. Left side.

**Tartarus stibiatus.** Accumulation of rattling mucus in larynx and chest; dryness of the mouth; burning in the mouth; inflammation of the mouth and mucous membrane of the tongue, with small pustules; sudden swelling of the cervical glands and tonsils; difficulty of swallowing.

*Worse* in the evening; also, from sitting, and from warmth.

*Better* in cold, and open air. Right side?

**Thuja occidentalis.** Accumulation of large quantities in the throat, which is hawked up with difficulty; painful swallowing, especially empty swallowing, or of saliva only; throat feels dry and raw, as if a plug were in it, with constriction when swallowing; voice low.

*Worse* in the evening and at night; also, from cold wet, and from the heat of the bed.

*Better* from warm wet. Left side.

**Veratrum album.** The throat feels constricted as if by a pressing swelling; sensation of coldness or burning in the throat; dryness in the throat, not relieved by drinking; cold breath; hoarseness.

*Worse* in the morning; also, after drinking and after sleep.

*Better* after perspiration. Left side.



# SURGICAL DISEASES OF THE CHEST AND BREAST.

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INJURIES OF THE CHEST — EMPHYSEMA — PNEUMO-THORAX —  
TRAUMATIC PNEUMONIA — EMPYEMA — NEURALGIA OF THE  
BREAST — HYPERTROPHY OF THE BREAST — INFLAMMATION  
OF THE BREAST — SUPPURATION OF THE BREAST — MALIGNANT  
TUMOR OF THE BREAST.

## INJURIES OF THE CHEST.

WOUNDS of the chest are chiefly important from the fact of their frequently being connected with wounds either of the heart or lungs. This wound may be inflicted by the same instrument penetrating the walls of the chest, or from the sharp end of a fractured rib, particularly if the fracture is oblique. From such a wound we have five serious complications that may occur, either separately or in rotation, viz.: Hemorrhage, Emphysema, Empyema, Pneumothorax, or Pneumonia traumatica. The hemorrhage alone will often be sufficient to produce death, and is a very troublesome occurrence under the best of circumstances. Many measures are recommended for arresting it, but none of them are entirely satisfactory, particularly if the vessel wounded is one of considerable size. Pressure is the only thing that holds out any hopes of success, but unless the vessel is small, and a clot forms, death is almost certain.

Wounds of the heart are usually fatal, although the direction of the wound in relation to the direction of the muscular fibres of the organ is somewhat to be considered. Wounds transverse to the fibres are more speedily fatal than when parallel. Wounds of the auricles are more rapidly fatal, also, than wounds of the ventricles. (TAYLOR'S *Med. Jurisp.*, p. 304, *et seq.*) In addition to the numer-

ous incidents often quoted, going to show the length of time a man may live with a serious lesion of the heart, I may refer to one of very recent date. James Wilson, executed for murder in Hartford, Conn., October 13, 1871, attempted suicide, by thrusting a piece of stout wire, one-sixteenth of an inch in diameter, and about four inches long, into the left ventricle. This was at two o'clock in the morning; he lived, although in great pain, until his execution in the afternoon of the same day, between one and two o'clock.

In addition to pressure, cold applications, and styptics, such as some of the preparations of iron, and, according to some, Erigeron, will be useful in arresting the hemorrhage. If the wound is made by a fractured rib, it must be reduced; and if, after faithful effort, this seems impossible, resect it at once, for its presence will first induce pneumonia or pleuritis, and ultimately suppuration and death. The primary wound, *i. e.*, when made by a knife, sword, or some like implement, is never to be enlarged, if possible, and the same rule holds good here; if any portion of the instrument is remaining in the lung or chest, it *must* be removed if possible, notwithstanding individuals have lived for years with foreign bodies in these important viscera.

#### EMPHYSEMA.

This is an infiltration of air into the cellular tissue about the wound primarily, and from that may extend all over the chest and head. The appearances are, puffy swelling, paleness of the skin, and crackling on pressure. Nothing in a medicinal way holds out any prospect of a cure. The condition is purely mechanical, and must be treated mechanically.

#### PNEUMO-THORAX.

This is produced in the same manner. It is an accumulation of air into the pleura, and is not uncommon in wounds of the lung proper. In this there is a complete absence, or a diminution, of the respiratory murmur, and yet is easily distinguished from solidified lungs by the loud tympanitic sound given by percussion. There is at the same time, however, considerable distress in breathing.

#### PNEUMONIA.

When occurring from this cause (injury) this disease is identical

with the idiopathic form, and needs no mention in this place. Of course, however, if we consider the cause, *Acon.*, *Staph.*, and *Arn.* will be borne in mind, in preference to remedies that are oftener used in other cases.

#### EMPHYEMA.

This is a term that some construe to mean a collection of either *blood* or *pus*. The use of it in this connection is confusing, and I prefer to have it signify a collection of *pus*. It is a very serious affair, and the prognosis is always to be unfavorable. In very bad cases, where respiration is seriously interfered with, the *pus must* be evacuated by an operation similar to paracentesis thoracis; but in by far the greater number of cases, I think, we have remedies that will almost surely induce absorption. Even when paracentesis is performed, it must be looked upon as purely palliative, for without good treatment the *pus* will be re-formed, and probably in greater quantities. In conclusion, it may be said that *all* these conditions, following injury of any of the contents of the chest, are very grave, and the prognosis should at least be guarded.

#### NEURALGIA OF THE BREAST.

This condition is usually met with in young persons, just passed through, or just entering the period of puberty; persons of a more advanced age are occasionally attacked, but so rarely that the reverse is the rule. Usually there is no change in the form or appearance of the organ. Occasionally it is enlarged, however, and somewhat indurated. The most constant symptoms are, the pain peculiar to neuralgia elsewhere, cuticular sensitiveness (sometimes so excessive that the very lightest touch will greatly increase the sufferings), and a continuation of the pain in the axilla down the arm, as far as the elbow, and sometimes to the end of the fingers. A close examination will probably reveal some disease of the uterus, or its appendages, and by many the neuralgia is considered simply a reflex symptom.

#### HYPERTROPHY OF THE BREAST.

Hypertrophy may be either *simple* or *lobular*. The former is the most common. In the first instance, the organ is not altered in

shape, merely increased in size and weight; it is usually complicated with a more or less persistent neuralgia, and is therefore peculiar to young women. As the disease progresses the breast hangs lower down the body, sometimes reaching as low as the knees, and the gland feels hard, elastic and unattached, just as if it were, to use a homely quotation, "a cocoanut in the end of a long bag." The appearance, on a superficial examination, would seem to indicate some malignant disease; this is owing to the tension the skin of the neck and back is subjected to. In the second, or *lobular* variety, the feeling and appearance is of several small tumors, movable and painless, but solid, which last for a short time only, being soon followed by atrophy, usually complete. This variety is nearly always seen in the middle-aged, and usually among the unmarried.

#### INFLAMMATION OF THE BREAST.

Inflammation is quite common in nursing women, particularly for the first few days, although it has been observed at any period, and in persons of almost any age, from early girlhood to old age. It may terminate by resolution or suppuration, the latter, I fear, being the most common.

*Chronic abscess* is usually found in this situation, and as it simulates many of various forms of tumor peculiar to this gland, considerable care is called for in making a diagnosis.

*Cancer of the Breast* is sufficiently described in the chapter on "Tumors," and need not detain us here. It will be sufficient to say that the form most frequently observed is the scirrhus.

Other *tumors* met with, of a non-malignant nature, are the same as those found in other parts of the body. The most common are cysts, hydatids, fibrous, cartilaginous, even osseous, and sarcoma. The following table is taken from *Erichsen*, and will prove of value in determining the nature of the growth you may have to deal with. But, before giving it, let me say one word of caution. All women, I believe, are very much afraid of cancer, and their fears lead them to suppose every abnormal swelling to be what they dread. Hence it must be only after close inspection (and study) that an opinion is risked.

## NON-MALIGNANT.

**FEEL:** Moderately hard, nodulated, irregular in shape, more or less lobed, not very distinctly circumscribed, sometimes elastic in parts.

**MOBILITY:** Is considerable, but occasionally there is a deep pedunculated attachment.

**SKIN:** Of the natural color throughout, though thin and expanded, with the tumor lying close beneath. Only complicated in the last stage of cystic sarcoma.

**NIPPLE:** Usually *not* retracted.

**VEINS:** But little dilated.

**PAIN:** Often moderate, if severe continuous, of a neuralgic character, much increased by handling.

**AXILLARY GLANDS:** Of usual size, or but slightly enlarged; movable. Lymphatics not affected; supra-clavicular glands not affected.

No constitutional infection.

## MALIGNANT.

Of a stony hardness, knobby, distinctly circumscribed, or else somewhat square, and occupying the whole of the substance of the gland.

At first considerable, but soon becomes fixed to the deeper structures by a hard attachment.

Becomes easily implicated; at first dimpled, then red or purple; in other cases brawny or leather-like, so that it can not be pinched up into folds; or nodulated, purple-red masses form in it.

Usually retracted.

Much dilated.

Severe and lancinating, especially at night, after handling, and when the skin is implicated, but *not* continuous.

Enlarged, indurated and fixed; indurated mass of lymphatics under and parallel to the edge of the pectoral muscle, stretching into the axilla; super-clavicular glands enlarged.

Cachexia as the disease advances.

**Therapeutics.**—The remedies most frequently called for in the treatment of these diseases are quite numerous, and I can only give space to the few that are most prominently indicated. One fact must be borne in mind: If pus has actually been produced in an inflamed breast, it *must* be evacuated. Many remedies, perhaps, are capable, of causing a re-absorption of it, but the result is slow at the best, and the pain is intense. Therefore humanity requires that the patient be relieved at once.

In treating these diseases, then, consult, among others, the following remedies: *Apis mel.*, *Arn.*, *ARS.*, *BELL.*, *Borax*, *BRY.*, *Calc.*, *c.*, *Carbo an.*, *Carbo v.*, *Cham.*, *Clem.*, *Croton t.*, *Con.*, *Graph.* (Helonias?), *HEP. s.*, *Hyd. can.*, *Ign.*, *IOD.*, *MERC. s.*, *Murex*, *NIT. AC.*, *Phos.*, *Phytol.*, *Puls.*, *Sep.*, *Sil.*, *SULPH.*

**NEURALGIA OF THE BREAST:** *Bell.*, *Borax*, *Graph.*, *Murex*, *Phos.*, *Sulph.*, (*Calc.*, *Apis*, *Ars.*)

**HYPERTROPHY:** *Con.*, *Iod.*, *Nit. ac.*

**ATROPHY:** *Con.*, *Iod.*, *Nit. ac.*

**INFLAMMATION:** *Bell.*, *Bry.*, *Hep. s.*, *Merc.*, *Phos.*, *Sil.*; *Carbo an.*, *Carbo v.*, *Con.*, *Sulph.* (*Phytol.*)

—— OF NIPPLES: *Phos.*, *Sil.*, *Sulph.*, *Croton t.*

EXCORIATION OF NIPPLES: *Arn.*, *Calc. c.*, *Cham.*, *Croton t.*, *Graph.*,  
*Ign.*, *Puls.*, *Sep.*, *Sulph.*

INDURATION OF BREASTS: *Bell.*, *Carbo an.*, *Clem.*, *Con.*, *Iod.*, *Sep.*,  
*Sil.*, *Sulph.*, *Cham.*, *Merc.*, *Phos.*

SUPPURATION OF: *HEP. s.*, *Merc.*, *Phos.*, *Sil.*, or *Kreas.*, *Phytol.*

—— NIPPLES: *Cham.*, *Merc.*, *Sil.*

CANCER OF BREAST: *Ars.*, *Clem.*, *Sil.*, *Arn.*, *Bell.*, *Con.*

OTHER TUMORS: *Calc. c.*, *Carbo v.*, *Hep. s.*, *Merc.*, *Sil.*, *Sulph.*

**Apis mel.** Redness and inflammation of the breasts, *with burning stinging pain*; fever, but total absence of thirst; the pain is somewhat allayed by using cold applications.

**Arnica mon.** Erysipelatous inflammation of the mammæ and and nipple; inflammation of the breast following a contusion; soreness of the nipples.

*Worse* in the evening, and at night; also, from motion, and from touch.

*Better* when lying down. Right side.

**Arsenicum album.** Inflammation of the breast, with burning pains; (feeling as if a red-hot iron were pushed deep into the gland.—G.); dark color of the skin, and threatened gangrene in spots; severe burning pains; scirrhus of the breast; restless and nervous anxiety.

*Worse* in evening, and at night; also, from cold, and while lying down.

*Better* from warmth. Right side?

**Belladonna.** Erysipelatous inflammation of the breasts, often occurring when weaning; swelling and induration of the mammæ; swollen and hard breasts, with shooting or tearing pains, and erysipelatous redness, which emanates from a central point, and spreads out in radii; heavy feeling in the breasts; occasionally chilly; a dull and stupid feeling prevails; breasts swollen, hard, and shining, of a dark purplish redness, or bright red; hot and painful.

*Worse* in the evening, and at night; also, from slightest touch, on moving, from wet poultices, from stepping hard on the ground, and when walking.

*Better* while lying down, and from warmth. Right side.



**Borax.** Sensation of contraction in the left breast, while the child is nursing from the right; apthæ on the nipples, with bleeding.

*Worse* in the evening.

**Bryonia alba.** Lumps, indurations and inflammation of the mammæ, with diminished or retarded secretion of milk; breasts hard, rigid, with tension or shooting pains in the tumor, and burning heat externally; heat, fever, and excitability of vascular system; stony heaviness in the breasts; hot, hard, and painful, but not very red; she feels sick on first sitting up in bed, or in a chair; but still more sick on standing up; rough, dry lips, thirst for large quantities but seldom, and constipation; stools dry, looking as if burnt.

*Worse* at night, before midnight; also, when bending down, when getting heated, when lying on the well side, when moving, on stepping hard on the ground, and when touched.

*Better* from cold, when lying on the back or painful side. Right side.

**Calcarea carb.** Hot swelling of the mammæ; secretion of milk either too abundant or else suppressed; soreness of the nipples, particularly on touching them; perspiration, particularly about the head, which is so abundant that the pillow is wet far around; pain as if bruised in breasts.

*Worse* in the morning; also, on bending down, before and during menstruation, from wet poultices, from pressure of the clothes.

*Better* when lying on the back or painful side. Left side.

**Carbo animal.** Mammæ swollen and erysipelatous, particularly during confinement; hard, painful nodosities in the mammæ; darting in the breasts, aggravated by pressure, and arresting the breathing. Right side.

**Carbo veg.** Erysipelatous inflammation in the mammæ; burning in the breasts; scirrhus of breasts, with burning pains; neuralgic nodes.

**Chamomilla.** Milk cheesy, or mixed with pus; suppression of milk; erysipelas of the breasts, with soreness of the nipple; induration and swelling of the breasts, painful to the touch; excessively sensitive to pain; hardness of breasts; drawing lacerating pain in indurated breasts; scirrhus.

*Worse* in the night, before midnight; also, when lying down (on the painless side), during menstruation, and from the warmth of the bed.

*Better* from cold. Left side.

**Clematis erecta.** Swelling and induration of the breasts; cancer of the breast; glandular induration above the nipple, painful when touched.

**Croton tig.** Pain and stitches through the breast into the chest, and extending to the back, as soon as the child begins to nurse; darting pain from the nipple straight through to the back.

**Conium mac.** Inflammation of breast, with stitches; scirrhus from contusion; itching of the breast and nipple, with red, scaly skin, and burning after rubbing; hypertrophy of breast, either general or lobular, followed by atrophy; mammæ always become very tender before menses; (skin dark red, swelling and hardness, with an aching dull pain.—G.)

*Worse* in the morning and at night; also, from cold, when lying down, sitting or standing.

*Better* from warmth, and from walking.

**Graphites.** Swelling and induration of the glands; soreness of the nipples, with small corrosive blisters; useful in cases of threatened suppuration, when the breasts are marked with many cicatrices from former ulcerations.

**Hepar sulph.** Itching of the nipples; scirrhus ulcer in the mammæ, with stinging-burning in the edges, smelling like old cheese; useful in promoting suppuration when a former acute pain suddenly ceases after a chilly feeling, and is followed by a beating pain, or throbbing, indicating the formation of pus. It is used to promote suppuration, and hasten the discharge.

**Iodine.** Dwindling and complete disappearance of the breasts; acute pain in the breasts, as if sore and ulcerated; blue-red furunculus nodosities in the skin of both breasts, with black dessicated points at the tips; the breast first enlarges slightly, then becomes indurated, finally almost entirely disappears.

**Mercurius.** Hard swelling of the breasts, with sore and raw sort of pain; milk is so deteriorated that the child refuses it; scorbutic gums; they recede from the teeth; hard swelling and suppuration of the breast, with sore pain and ulcerated nipples; swelling of the mammæ, particularly of the nipples; periodical pain in the breast, as if from threatened suppuration.

*Worse* in the night; also, from the heat of the bed.

*Better* from cold. Left side.

**Murex pur.** Violent pain in the breast, with acute stitches. Right side chiefly affected, and worse at night.

**Nitric acid.** Nodosities in the mammæ; atrophy; hard knots in the breast.

**Phytolacca dec.** Inflammation of breast, with hardness from the first; sensitive and painful, even after suppuration has taken place; pains pressing, shooting, and severe.

*Worse* in the morning, and afternoon.

*Better* before breakfast, and in the forenoon.

**Phosphorus.** Ulceration of the breast, with hardness; bluish color, with burning and stinging fistulous openings; stitches in the breast; hard and painful nodosities; erysipelas, with swelling; burning stinging and suppuration; stinging and cutting pain; hectic fever and night sweats.

*Worse* in the morning and evening; also, when lying on the back, and when walking.

*Better* when quiet or reposing. Left side.

**Pulsatilla.** Swelling of the breasts, with pressing tension, as if milk would appear in them; painful sticking, and a discharge of thin acid milk.

*Worse* in the evening, and at night; also, from warmth.

*Better* from cold, and in the open air. Right side.

**Sepia.** Stinging in the breasts, with soreness of the nipples.

**Silicea.** Inflammation of the nipples; induration and suppuration of the breast; fistulous ulcers, the discharge thin and watery, or thick and offensive; the substance of the mammæ seems to be discharged with the pus, as one lobe after another disappears, suppurating and discharging through one common fistula; or else there is a number of fistulæ, one for each lobe.

*Worse* in the forenoon, and at night; also, from cold, bodily exertion, lying on the back or painful side, from pressure, and from being touched.

*Better* while lying on the painless side, and from warmth. Right side.

**Sulphur.** Inflammation running in radii from the nipple; chilliness in fore part of the day, and heat in the after part, with very profuse suppuration; swelling of breasts; nodosities; nipples cracked, burning and stinging; erysipelatous inflammation of the breast, with heat, hardness, stinging and redness extending from the nipple; itching of the nipples.

*Worse* in the evening, and at night; also, during menstruation, when moving the arms, while standing, when stepping hard on the ground, from being touched, and from the warmth of the bed.

*Better* from cold. Left side.

#### OPERATIONS.

The only operation that needs any mention is that of amputation of the whole breast, or only a portion. It is one that must never be undertaken without first being assured that it is demanded to save life; for the mutilation is a cruel one, and I can imagine only one instance in which it is positively demanded. That is in general hypertrophy, when the gland is very much enlarged. In cancer it is worse than useless, and should rarely, if ever, be performed. But should the occasion arise, use the knife; first, because it is more certain, and less painful; and second, because plasters and escharotics are the weapons of the charlatan.

## SURGICAL DISEASES OF THE SPINE.

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### INJURIES OF THE SPINE — CRIES — LATERAL CURVATURE — SPINA BIFIDA AND MYELITIS.

#### INJURIES OF THE SPINE.

The spinal cord is liable to *wounds, compression, concussion* and *inflammation*; the vertebræ are sometimes *dislocated, fractured*, or there may be a combination of the two.

*Dislocation* is an accident that many authors and surgeons say can not occur; the structure of the column is such that there can be no luxation uncomplicated with fracture. With the exception of the dislocation of the axis from the atlas, I do not see how any other bones can be displaced. Formerly it was considered that death from hanging was caused by a dislocation of the axis, and consequent compression of the cord. Of late years, tables have been published, which show that such results are exceedingly rare; nervous shock and suffocation being the direct cause. This luxation has, however, occurred in the case of children, from the violence of a nurse, or during play, and death must ensue immediately. Still an effort should be made in every case to reduce this, and when seen immediately after the accident, life *may* be restored. Place the knees on the patient's shoulder, and make traction by the head. When a fall, or heavy blow, has produced this accident, and one of the other vertebræ are displaced, death is not certain, but paralysis is. Make an effort to reduce the luxation, and administer *Arn.* Sometimes, when this fails, *Ruta grav.* will be found useful. The accident is readily diagnosed, and will give no embarrassment. The deformity is considerable, and motion is entirely lost at that point; there is also acute pain and paralysis of all the muscles below that position.

*Fracture* is a more common accident, and is equally unfortunate.

But little can be done beyond mere palliative measures. The construction and situation of the spine make it an impossibility to adapt any dressing to the part that will retain the fragments in place, even if they can be reduced. This accident may occur with or without compression of the cord, consequently paralysis may or may not be present. When this is the case, the prone position must be maintained, an air or water-bed used to guard against pressure. Perfect quiet, and the administration of *Symphytum* to aid in promoting bony consolidation, will be the line of treatment. It has happened that even when the cord has been compressed, or paralysis induced from other injuries, recovery has followed, but the functions of the paralyzed parts are but imperfectly established.

*Compression* of the cord is easily known. When we have deformity and paralysis below the seat of pain, you know there is compression, and either fracture or dislocation; which one of these accidents it is, is comparatively easily told. The first thing to be done is to relieve and keep off pressure. When there is fracture of some of the processes, so that one of the bones has nothing to hold it in place, the danger is much greater, and the prospect is that your patient will die. Compression from a depressed fracture of the arch, is to be reduced by cutting down on the bone, and removing the fragments, if necessary, with the trephine. After the pressure is removed, *Arnica* will be necessary, and, with complete rest, may restore the patient, although the functions of the paralyzed parts may never be perfectly regained.

*Concussion* of the cord is produced by the jar consequent upon a person's falling, or jumping from a height, and alighting heavily on the feet. There is great pain in the spine, inability to stand, and weakness in the lower limbs. The symptoms may be grave from the beginning, or commence lightly and increase in severity as the case progresses. The sphincters are relaxed, and, in common with other muscles and functions, paralyzed. The bladder loses its expulsive property, and is only saved from rupture by over-distention, from the urine dribbling away as fast as secreted, owing to the relaxation of the neck. In slight cases, recovery will often ensue unaided. But when the accident is severe, death will be very apt to ensue. Inflammation, followed by softening of the cord, is a common result; and examination after death will reveal disorganization to any extent.



*Myelitis*, or inflammation of the spinal cord, differs from the other accidents in there being pain and paralysis, but no deformity of the spine itself. *Arn.* or *Con.* will ordinarily be all that is required.

*Wounds*, by sharp-pointed instruments, of the spinal cord, are occasionally met with, and are more unpromising and embarrassing than any of the above accidents. Frequently the cord is completely divided, when complete paralysis, lowering of the temperature, cessation of nutrition, and feeble circulation ensue. In these cases, there is literally nothing to be done, but make your patient as comfortable as circumstances will allow, and prepare him for death. After a time, sloughing of parts below the seat of injury commences; the nates and thighs coming away in great masses. The symptoms and results, of course, vary in different cases, and in regard to the situation. When the cervical portion is cut, death will be almost instantaneous. When in the dorsal region, it will very likely be from actual asphyxia, and when in the lumbar region, it will be more prolonged, and the sufferings will be greater.

#### CARIES OF THE SPINE.

Caries, as a general disease of the bones, will be found more fully described in another chapter. When the bones of the spinal column are thus affected, the disease does not materially differ from the same trouble in other situations, except in its effects. The body of one or more of the vertebræ is the seat of the affection, the arches or processes being never, or rarely, affected. Scrofulous children are those most commonly met with as suffering in this way; indeed, scrofula is, in nearly every case, the predisposing cause. In people so affected, the posture is generally stooping, and on examining the back, the dorsal spine is usually found to be the portion so diseased. Here you will find one or two prominences which are painful if pressure be made upon them. As the disease progresses, the patient becomes more or less hump-backed, and his general health becomes impaired; the extremities lose power, partial or complete. Occasionally psoas or lumbar abscess precedes caries, and in other cases succeeds it; when it *precedes* the disease of the bone, there is some little chance to treat the case so that caries will not be developed. I am inclined to think, however, that such an occurrence is rare, and that the disease of the bone must make considerable progress before the abscess is formed. —

In the treatment of this serious affection, perfect rest and the maintenance of a good position are absolute essentials to a good result. If pressure be constantly exerted on a vertebra already predisposed to caries, by one above it that is still sound, or even diseased, caries will be more surely developed in the sound bone; or, if the diseased one be compressed between two sound bones, the original malady is increased, and the deformity, so much to be dreaded in *all* cases, will be the more surely developed in such a case. Keep your patient quiet, and, if possible, lying down, and if he is unable to bear a constant recumbent position in bed, employ one of the many good supports found in all our shops.

#### LATERAL CURVATURE OF THE SPINE.

This is a disease, or, more properly speaking, a deformity of the spinal column peculiar to women alone, although there have been one or two instances of men suffering in that way. The cause seems to lie in a want of tone or vigor in the muscles and ligaments. Now what is the reason for this loss of power? In many instances, most assuredly, some hereditary or acquired taint or cachexia will be found to lie at the bottom of the question, but in by far the largest number of cases, injudicious dressing, in accordance with the ridiculous claims of "fashion," will be found to be the cause. Prominent among these errors of dress will be found that "corset" nuisance, which, in the last century, furnished so much material for hygienic homiletics. Wrong positions in reading, writing and sewing undoubtedly exercise a strong influence, but women are more liable to commit these errors than men.

It appears to me useless to attempt the cure of this deformity by medicine unaided by mechanical appliances. There is a variety of good apparatus, each one possessing advantages in certain cases, so that the choice of one must be determined by the peculiarities of the case. Remedies are invaluable in restoring the tonicity of the muscles and ligaments, when the wrong position has once been rectified, but to effect this a great deal of time and patience, on the part of both physician and patient, is required. M. Guérin has considered this deformity to be one analogous to club-foot, that is, a contraction of one of the sets of muscles, and counsels division of them. Modern science has not demonstrated this, but inclines

to the opinion that it is a weakening of *both* sets of muscles and ligaments, and that the employment of subcutaneous section is useless.

#### SPINA BIFIDA.

*Spina bifida* is a disease peculiar to infancy. We find in this disease, an opening existing in one or more of the vertebræ, usually in the lumbar region, through which there is a protrusion of the meninges and fluid of the spinal canal, forming a tumor, oblong in shape, compressible, and disappearing on pressure. The pain is not severe, but if the patient live to adult age, the health will be more or less impaired from its existence.

My course of treatment would be, to keep up continuous pressure on the mass, so that it be all returned into the cavity of the spinal canal, and then endeavor to procure a natural closure of the opening by the use of appropriate remedies.

#### MYELITIS.

INFLAMMATION of the spinal cord is the common result of injuries inflicted on the spine, involving the cord; it may also occur idiopathically, or follow some other disease. A jar, produced by falling on the feet from a height, will, in some instances, produce it. The gravity of the disease varies according to the extent of the injury, and even in slight cases, if allowed to go on unchecked, will eventuate in a softening of the cord, and consequently death. It *is* curable, however, but the closest attention must be given to the case. The diagnosis is sufficiently easy; in the first place, any injury to the spine is apparent at once, and myelitis may be expected to ensue to a certainty, so when the following symptoms occur, you may know at once the nature of the trouble. When its origin is *not* traumatic, the diagnosis is not so easy, but a little care will show you the true nature of the trouble. The symptoms of this affection are indicated by pain, more or less severe, in some cases of an intermittent character, either confined to the lumbar, dorsal, or cervical region, or embracing the entire length of the spine. The pain is aggravated by the slightest movement, and an exalted sensibility of various parts of the cutaneous surface is often perceptible from the dread and shrinking which the patient exhibits at the slightest touch. Sharp pain at the epigastrium,

sometimes spreading over the whole of the abdominal region, and increased on pressure: palpitation of the heart, sensation of constriction and weight in the forepart of the chest, with oppressed respiration; and small, quick, hard pulse. When the inflammation occupies only a *part* of the cord, the symptoms vary according to its locality. Thus, when the commencement, or the cervical portion, is principally affected, strabismus, spasms of the pharynx, trismus, with loss of voice, spasm, or other abnormal conditions of the muscles of the neck, chest, and superior extremities, with general clonic convulsions, declare themselves. When the dorsal portion of the cord is the seat of inflammation, opisthotonos usually results; and when that of the lumbar is attacked, retention of urine, or paralytic or spasmodic affections of the pelvic viscera generally, are met with. In each of the latter cases, the inferior extremities are commonly convulsed or paralyzed. When the *membranes* are affected, the sensibility of the surface is increased, and the spasms tonic; the bowels also are generally constipated. When the *substance of the cord* itself is inflamed, cutaneous sensibility is affected but little, rather lower than common; the spasms are clonic, and there is diarrhœa.

The terminations may be: softening, induration, suppuration, gangrene, or in effusions of serum, pus or blood.

**Therapeutics.** — The remedies employed for the foregoing diseases are as follows: *Acon.*, *Angust.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Calc. c.*, *Calc. phos.*, *Con.*, *Dig.*, *Dulc.*, *Hep.*, *Ign.*, *Iod.*, *Lach.*, *Lyc.*, *Merc.*, *Nux v.*, *Opi.*, *Phos.*, *Plumb.*, *Puls.*, *Rhus*, *Sil.*, *Stram.*, *Sulph.*, *Verat.*, *Zinc.*

They may be classified in the following order:

CARIES OF THE SPINE: *Ang.*, *Bell.*, *Calc.*, *Iod.*, *Lyc.*, *Merc.*, *Puls.*,  
*Rhus*, *Sil.*, *Sulph.*, *Ars.*, *Hep.*

LATERAL CURVATURE: *Calc.*, *Puls.*, *Sil.*, *Sulph.*, *Lyc.*, *Plumb.*,  
*Rhus.*

SPINA BIFIDA: *Calc. c.*, *Calc. p.*, *Iod.*, *Phos.*, *Sulph.*

MYELITIS: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Con.*, *Dig.*, *Dulc.*, *Hyos.*,  
*Ign.*, *Lach.*, *Merc.*, *Nux v.*, *Op.*, *Puls.*, *Rhus*, *Stram.*,  
*Sulph.*, *Verat.*, *Zinc.*

—— from a stab: *Staph.*, *Stram.*, *Ars.*, *Rhus*, *Merc.*

—— from a blow: *Arn.*, *Merc.*

—— from a fall: *Arn.*, *Merc.*, *Op.*, *Rhus.*

MYELITIS: from a fracture: *Acon.*, *Phos.*

—— from a dislocation: *Acon.*, *Arn.*, *Merc.*, *Rhus*; *Hyos.*

**Aconite nap.** Shooting pains; attacks of fainting; stinging pains, or a lame and numb feeling in the affected parts; skin dry and burning; restlessness and nightly delirium; can not lie still; wants to be sitting up; apprehensions of death; momentary paralysis of the anus, with pain in the rectum; retention of urine, with sticking in the region of the kidneys; or, incontinence of urine, with profuse sweat, watery diarrhœa and colic; shortness of breath when sleeping; pains in the chest, as if the sides were drawn together; painful boring to the left of the lumbar vertebræ; numbness and lameness of the left thigh; transient paralysis of the legs; coldness of the feet, with sweat on the toes and soles of the feet.

*Worse* at night; also, on coughing, from lying on the painful side, from light in general, after sleeping, and on being touched.

*Better* from warmth in general. Left side.

**Angustura.** Easily frightened, and starts; tension in the temporal muscles when opening the mouth; the eyelids are spasmodically opened; tension in the muscles of the face; lockjaw, with the lips drawn back so as to show the teeth; after the attack the lips and cheeks remain blue for some time; intermitting, spasmodic breathing; painful sensitiveness of the chest, even to the slightest touch; twitching and jerking along the back like electric shocks.

*Worse* on being touched. Left side.

**Arnica mon.** Heaviness in all the limbs; painful lameness of the joints; general sinking of strength, quarrelsome and peevish, with a tendency to start; stitches under the false ribs arresting the breath; sharp thrusts through the abdomen; frequent small stools, consisting only of slime; tenesmus of the neck of the bladder, with stitches in the urethra; stitching pain in one side of the chest, with a sharp cough which increases the pain; tingling in the vertebral column, pricking in the knee when touched.

*Worse* in the morning, and at night; also, on awaking, when coughing, when moving, from talking, and on being touched.

*Better* when lying down, and from rubbing. Left side.

**Arsenicum alb.** Burning in the back; sensation as if the small of the back were bruised; great emaciation and debility; weakness of the small of the back; pains in the back, with uneasiness and



anxiety, acute burning in the interior of the spinal column; diarrhœa, with vomiting; bloody diarrhœa; burning in the anus; paralysis of the bladder; involuntary micturition; anxious and oppressive shortness of the breath; suffocating oppression and arrest of breathing; stiffness of the nape of the neck; swelling of the neck; heaviness in the lower limbs; partial paralysis of the lower limbs.

*Worse* at night, after midnight, and periodically; also, from cold, from exertion of the body, when lying on the back, and after lying down.

*Better* when lying with the head high, and from warmth. Either side.

**Belladonna.** Intense cramp-pain in the small of the back; cramp-pain in the os coccyx; he can only sit for a short time; lancinations from without inwards in the vertebræ, resembling stabs with a knife; pain as if from a sprain in the right side of the back, and in the spinal column; cramp-like oppressive sensation in the middle of the spinal column; paroxysms of stiffness of all the limbs, or of single limbs; fainting fits, sometimes resembling lethargy; furious delirium, with protruded eyes and dilated pupils; paralysis of the sphincter ani; involuntary passage of fæces; constipation or diarrhœa; copious and frequent emission of pale, clear, watery urine; labored irregular breathing; tremor of the heart; perceptible throbbing of the blood vessels; tremor of the knees.

*Worse* in the afternoon, evening, and at night; also, during inspiration, when coughing, on shutting the eyes, from light in general, and when moving.

*Better* from opening the eyes, when lying down, and from warmth. Right side.

**Bryonia alba.** The strength disappears on making the least effort; out of humor and irritable; burning in the stomach, constipation obstinate; hot urine, with burning and cutting previous to the emission; sobbing breathing; stitches in the chest when lying on the back, made worse by every movement; heat in the chest; pricking pain below the right nipple, from within outwards; the prickings are only felt after an expiration; drawing down along the back.

*Worse* in the night; also, before falling asleep, during inspiration, from cold, when coughing, while lying on the painless side when moving, from talking, on being touched.



*Better* from cold, from lying on the painful side, and after lying down. Right side.

**Calcarea carb.** Pain in the small of the back; pain in the small of the back, as if from a sprain in lifting; easily tired by bodily exertions; talking makes her weak; stinging and cutting pains in the back; pulsating pains in the small of the back, so that he can scarcely rise from his seat after having been seated; cold sensation; shooting in the lumbar region; aversion to the open air; sickness at the stomach and great weakness.

*Worse* in the morning; also, in the open air, on bending down, in wet weather, and from water, and washing.

*Better* while lying on the back, after lying down, and in dry weather. Right side.

**Calcarea phos.** Violent pain in the small of the back, when performing the least bodily effort, sometimes obliging him to scream; frequent transitory chills.

*Worse* in the morning; also, upon the warmth of the room, from movement, particularly walking, and when stooping.

**Cocculus ind.** Alternate going to sleep of the feet and the hands, in transitory paroxysms; disposition to tremble; a slight noise causes all the limbs to start; pinching in the epigastrium arresting the breath; the right side of the chest feels tight and constricted, oppressing the breathing; oppression of the chest as if from a stone; drawing, lacerating or boring pain in the back paralytic immobility of the lower limbs; paralysis of the lower limbs from the small of the back downwards.

*Worse* in the evening; also, on awakening, from cold, from mental exertion, on moving, and from talking.

*Better* from an outward pressure, and from warmth. Right side.

**Digitalis purp.** Considerable lassitude; general weakness with fainting fits; desponding and fearful; vomiting of the ingesta, or of mucus; violent diarrhœa; ash-colored diarrhœa, lacerating, and sharp stitches in the small of the back; drawing with pressure in the nape of the neck; cutting pain in the neck; palpitation of the heart.

*Worse* in the morning?; also, after breakfast and after dinner; Left side.

**Dulcamara.** Lassitude; pains like those brought on by a cold dryness, heat, and burning of the skin; restlessness, delirium at night; nausea and vomiting of mucus; sensation of inflation at the

pit of the stomach; white mucus diarrhœa; diarrhœa with faintness; oppression or tightness of the chest; pinching, or deep cutting pain in the chest; constrictive pain as if in the muscles of the back; drawing in the muscles of the thigh; bloatedness and swelling of the leg; burning in the feet.

*Worse* in the night; also, from cold, while lying down, and from talking.

*Better* from moving, from pressure, and from warmth. Left side.

**Hepar sulph.** Pain as if from bruises in the small of the back; a violent pain in the small of the back, as if the joints were being cut through during rest, or motion either; always pains as if from bruises in the small of the back and in the lumbar vertebræ; drawing in the whole back; stitches in the back; great weakness in the whole of the spine.

*Worse* in the evening and at night; also, in the open air, on bending down, from cold, on getting heated, on moving, from external pressure.

*Better* while and after lying down, from warmth, and in damp, wet weather. Either side.

**Hyoscyamus nig.** Subsultus tendinum; spasms with coldness and diarrhœa; pinching in the abdomen; mucus diarrhœa; exhausting, debilitating diarrhœa; retention of the urine, or paralysis of the bladder; difficulty of breathing, with stitches in the sides of the chest; pain in the back, stiffness and rigidity of the cervical muscles; coldness and swelling of the feet.

*Worse* in the evening; also, when looking at shining objects, and when vomiting.

*Better* from warmth. Either side.

**Ignatia amara.** Simple pains, which are apt to become excessive when touched; tingling in the limbs as if they had gone to sleep; jerks through the whole body; single starting of the limbs when going to sleep; brooding, gloomy suspicions; mucus stool with colic; frequent emission of watery urine; stitches in the left side of the chest; oppression of the chest and breathing; spasmodic constriction of the chest; palpitation of the heart; stiffening of the nape of the neck; stiffening of the knees and tarsal joints.

*Worse* in the morning, at night; also, on awaking, from exertion of the mind, when lying down on the painless side, and on being touched.

*Better* when inhaling and from rubbing. Left side.

**Iodum.** Stitches in the small of the back; pains like rheumatism; glandular swellings; emaciation with hectic fever; complete prostration of strength.

*Worse* in the evening and at night; also, while lying on the back, from pressure, on moving, when walking, from warmth and from the heat of the bed.

*Better* from cold, after lying down, and while standing. Right side.

**Lachesis.** Sudden attacks of vertigo, and trembling of the whole body; lassitude in all the limbs; loathing of life; hurriedness and uneasiness; nausea, and inclination to vomit; vomiting with diarrhœa; gnawing in the stomach; pain across the stomach as if diarrhœa would set in; cutting or beating in the abdomen; alternate looseness and costiveness of the bowels; urging to micturition, with copious discharges of foaming urine; tightness of breathing; oppression of the chest; suffocative fits; stitches and palpitation of the heart; pain in the small of the back; stitches in the back; sensation of sinking in the back; swelling of the lower extremities, knees, legs and feet.

*Worse* in the evening; also, from pressure, and after the stool.

*Better* while inhaling. Right side.

**Lycopodium.** Sudden failing of strength; great weakness; great thinness; pain in the small of the back; stiffness or aching in the small of the back; drawing pain in the small of the back; feeling in the small of the back, as if the flesh were loose; chilliness in the small of the back; large swelling of the psoas muscle, very painful on moving the body; pain in the back extending to the shoulders and small of the back; rheumatic tension in the back; pinching in the back; drawing pain in the back; burning as if from a red hot coal between the scapulæ.

*Worse* in the afternoon, evening, and at night; also, in the open air, in cold and wet weather, from exertion of the body, while and after lying down, on beginning to move, from pressure, while sitting, from warmth in general, and from the heat of the bed.

*Better* while lying on the back, when moving, when walking in the open air, and in dry weather. Right side.

**Mercurius.** Gripping pain in the small of the back; bruised pain in the small of the back; (the former is felt more when standing, and the last when sitting); sharp pricking in the dorsal spine;

bruised pain in the whole back; burning between the shoulders, and down the back; swollen and stiff neck, with difficulty in turning the head; sinking, with indescribable malaise of body and mind; paroxysms of spasmodic contraction in the limbs; rigidity and immobility of all the limbs; sweat at every motion; copious perspiration at night, but which does not afford any relief; excessive indifference to everything; complete jaundice; nausea with diarrhœa; shortness of breath, with a burning sensation in the chest; violent bruised pain across the chest.

*Worse* in the evening, and at night; also, while lying on the side, from moving, and from the heat of the bed.

*Better* from cold, on going to sleep, and from rubbing. Either side.

**Nux vomica.** Trembling in the lower limbs and stiffness; languor in all the limbs and dread of motion; great nervous weakness, with excessive irritation of all the senses, particularly sight, and hearing; nausea early in the morning; vomiting of sour tasting and smelling mucus; constipation, or corroding diarrhœa; drawing, burning, lacerating, or bruised pains in the back; paralysis of the lower extremities and bladder.

*Worse* in the morning; also, on awaking, on getting cold, from mental exertion, while lying on the back or painful side, on moving, from being touched.

*Better* on awaking, while lying on the painless side, after lying down, after sleeping, and from warmth. Right side.

**Opium.** Numbness and insensibility of the limbs; trembling, convulsions, or spasmodic jerkings of the limbs; rigidity of the body; fretfulness and tendency to start; stupor; constrictive pain in the stomach; nausea and inclination to vomit; costiveness; paralysis of the intestines; sometimes involuntary stools; suppression of urine; stertorous respiration; irregular breathing; drawing, lacerating in the back; weakness and violent itching of the lower limbs; numbness and swelling of the feet.

*Worse* at night; also, on rising, and before the stool.

*Better* —? Right side.

**Phosphorus.** Pain in the small of the back, when rising after stooping; pain as if the back were broken; paralytic weakness of the small of the back; sick and paralytic feeling in the body.

*Worse* in the morning, forenoon, evening, and at night; also, when lying on the back, or left side, during and after morning, when walking, and when the weather changes.

*Better* in the open air, when lying down on the right side, when rubbing, when standing. Right side.

**Plumbum acet.** The indications for this remedy are not many, but it has quite a reputation in spina-bifida and caries. Quiet and melancholy mood; constipation with vomiting of fæces; painful fœtid diarrhœa of yellowish fæces, stitches in the chest and sides; anxiety about the heart, and violent palpitation; paralysis of the limbs.

*Worse* at night.

*Better* from rubbing. Right side

**Pulsatilla.** Aching pain in the small of the back, as if weary; stiffness and pain in the small of the back when lying, as if from subcutaneous ulceration; pain as if dislocated during motion; lacerating pain in the back; sticking pain in the back and across the chest; interstitial distension and curvature of the upper dorsal vertebræ; excessive debility, and bruised feeling in the limbs; painful feeling of lameness in the ligaments; tremulous weakness; gloomy and melancholy; peevishness; aching drawing pain in the pit of the stomach, only in the morning; gripings, and painful sensitiveness of the abdominal walls; evacuations consisting of nothing but mucus mixed with blood; loose acrid stools in the mornings; frequent desire to urinate, with drawing in the abdomen.

*Worse* in the evening and at night; also, from warmth, while lying down on the painless side.

*Better* from cold, and when in the open air. Right side.

**Rhus toxicod.** Numbness and stiffness of the limbs; great debility, and sudden paroxysms of fainting; sensation as if the pit of the stomach were swollen, impeding respiration; violent throbbings below the pit of the stomach; tightness of breath, and contractive sensation in the chest; sticking in the region of the heart; tingling pains in the back; pain in the small of the back; creeping in, and coldness of, the back; pain in the small of the back as if it were bruised; painful bony swelling in the small of the back; pain as if sprained in the back and shoulders; curvature of the dorsal vertebræ.

*Worse* in the morning, evening, and at night; also from cold, in cold and wet weather, from exertion of the body, on beginning to move, while lying on the back, and after lying down.



*Better* from warmth, while moving, while lying down, while walking, and in dry weather. Right side.

**Silicea.** Violent pain in the small of the back, of a spasmodic drawing character; stiff back after sitting; lacerating and sticking in the back; inflamed psoas abscess; swelling and curvature of the vertebræ; severe bone pains, now here, now there; deadness and heaviness of the lower limbs

*Worse* in the afternoon, evening, and at night; also, on bending down, from exertion of the body, and when lying on the back; also, on beginning to move, and on pressure.

*Better* while lying down, and from warmth. Right side.

**Stramonium.** Loss of the special senses; loss of involuntary motion; stiffness of the whole body; paralysis of the lower limbs, bladder, and intestines; frightful convulsions at the sight of a candle; convulsions on looking at a bright light; anxiety about the pit of the stomach, rumbling in the abdomen; drawing pain in the small of the back.

*Worse* in the morning; also, from the light of a candle, or from looking at a shining object, and from being touched.

*Better* after lying down. Left side.

**Sulphur.** Pulsative stitches in the region of the loins and of the kidneys; pain above the small of the back; painful stiffness of the small of the back; pain in the small of the back when rising from a seat; drawing pain in the small of the back; sensation as if the vertebræ were gliding one over the other during motion in bed; burning, and biting in the back; frequent spasmodic jerking in the whole body; talking fatigues and excites the pains; desponding; disposition to weep; out of humor, irritated; taciturn; nausea, and sour vomiting; vomiting of the ingesta; feeling of coldness in the region of the stomach; stool consists of undigested food, or is mucous, or slimy; nightly suffocative fits, with rattling in the chest, relieved by expectoration.

*Worse* in the evening, and at night; also, on awakening, while drawing the breath, while lying on the side, from talking, on being touched.

*Better* on getting cold, and from rubbing. Left side.

**Veratrum album.** Paralytic weakness of the limbs, as after fatigue; anxiety; vomiting of the ingesta, with green mucus; vomiting followed by extreme weakness; violent pressure in the pit of the stomach; diarrhœa with great exhaustion; aching pain



under the sternum; excessive anguish, arresting the breathing; palpitation of the heart, with anxiety, and hurried, audible breathing; pain and stiffness along the whole of the back; painful heaviness of the legs, as if from extreme fatigue; icy coldness of the feet.

*Worse* in the morning; also, on coughing, after the sleep, from talking, and from being touched.

*Better* on getting cold. Right side.

**Zincum met.** Desponding and sad; pressure in the pit of the stomach; hard pressure in the sides of the abdomen, hypochondria and back; dry, insufficient stool; burning at the anus; anxiety in the chest, with tension here and there in the left breast; burning in the chest; frequent palpitation of the heart, but without any anxiety; violent tensive pain in the lumbar region, like rheumatism.

*Worse* in the afternoon and evening; also, in a warm room.

*Better* in the open air. Left side.

#### OPERATIONS.

There are no mechanical proceedings in the treatment of these diseases or deformities, that promise sufficient success to induce one to attempt it. The sub-cutaneous section in lateral curvature, has been shown to have been performed under a mistaken notion of the pathological condition. In spina-bifida, some puncture, some ligate, and some employ simple pressure. Should it become necessary to resort to any means outside of our therapia, I should employ pressure; in the event of that *failing*, ligation, but under no circumstances would I puncture. I should expect to see Myelitis follow such a procedure.

# SURGICAL DISEASES OF THE ABDOMEN.

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## INJURIES TO THE ABDOMEN — INJURIES TO THE PELVIC VISCERA

### INJURIES TO THE ABDOMEN

may be *contusions*, *non-penetrating*, and *penetrating wounds*.

*Simple contusion*, if severe, may be attended with laceration of some of the viscera, or inflammation, such as peritonitis. Some of these lacerations are very difficult to diagnose, therefore, the *amount* of injury sustained by any internal organ, is far from easy to learn. Indeed in *all* cases, unless the contusion is accompanied by a wound, you cannot tell whether there is a rupture, unless the organ be one whose functions are so very prominent that a change from their proper performance gives the clue. Even here, there is a considerable amount of obscurity, as the blow, or the resulting inflammation are just as likely to change the natural performance of their functions, as an actual rupture. Pain, or a sense of a weight follows a blow, in some particular locality, and there may be a simple congestion or a rupture; in either case the functions are more or less imperfectly performed; and though a positive diagnosis is almost impossible, yet this at least tells us *which* organ is affected. The stomach is often lacerated, and the accident is generally indicated by a vomiting of blood; but even this does not *positively* indicate such an accident. The kidneys show the injury by an emission of blood, pure or mixed with urine, and a frequent desire to micturate; although the same conditions occur in laceration of the bladder. In accidents such as these, diagnosis is very important to homœopaths. It is only in diseases without any injury, that it seems superfluous. Use every exertion to find out the nature and extent of the lesion, if, for nothing else, to tell the

patient's family or friends the prospect of recovery. But unless the patient dies, and an autopsy is held, there can be nothing positive.

*Emphysema* is a frequent occurrence when the intestines are torn. The symptoms are much the same as in thoracic emphysema, and may exist with or without a wound. The intestines may be torn by the blow, and the flatus escape into the sub-peritoneal cellular tissue, and thence into the more sub-cutaneous tissues, giving rise to this condition.

*Non-penetrating wounds*, are those in which the skin, and one or more of the underlying muscles is cut, leaving the innermost layer entire. The treatment employed in similar wounds in other situations, is suitable here. Proper position, so that the muscles may be relaxed, will prove of much benefit.

*Penetrating wounds*, with or without intestinal protrusion, call for prompt treatment, early closure, and the usual remedies in such cases. When the intestine protrudes, it must be returned as gently as possible, with little handling, and the wound after being closed covered by light compress. When the intestine is wounded, it must be sewed up with a "glover's" or continuous stitch, and returned. The danger of subsequent peritonitis is greater in these cases than in any other.

#### INJURIES TO THE PELVIC VISCERA.

*Injuries of the Pelvic Viscera* include, rupture of the bladder, foreign bodies in the bladder, lacerated urethra, lacerated perineum, and foreign bodies in the urethra and vagina.

*Rupture of the Bladder*, is quite easily told, particularly if it had been distended at the time; the symptoms would then be, collapse of that viscus, severe burning pain in the pelvis, inability to pass urine, or a very little bloody water may be emitted. If the catheter is now introduced it will be found that the bladder is empty. I do not think it possible for any greater calamity to befall a man than this; there is consequent extravasation of urine into the cavity of the pelvis, which as urine is poisonous to all living tissues save its proper membranes, is sure to be followed by very serious results. Peritonitis of the worst kind, a very serious inflammation, with sloughing and suppuration, are among the sequelæ. The treatment consists, in passing a catheter of the

largest calibre that the urethra can accommodate, and retaining it in place by tapes, so that urine may pass off as quickly as it is secreted. *Arnica*, given internally, and a watery solution of the 3d attenuation, injected into the bladder through the catheter, will be of service. Sometimes this treatment will prevent all further mischief.

*Foreign bodies in the Bladder*, are to be removed at once. Children in play and young people of more advanced age, often introduce such substances as lead or slate pencils into this canal; they are usually those who are confirmed masturbators. Soldiers have been wounded in the abdomen, the ball entering and remaining in the bladder. When the body is small, the urethral forceps will probably be all-sufficient to remove it. But when large, as a musket ball, it is necessary to open the bladder as in the operation for lithotomy. Inflammation, suppuration, consequent perforation, and occasionally sloughing are among the effects of these accidents. When the walls of the bladder are perforated, the same treatment is called for as in rupture of that viscus.

*Laceration of the Urethra*: Blows, such as a kick, or fall from a height, as often happens to house builders, cause this accident in the majority of cases. The principal danger in this injury, is the infiltration of urine into the tissues of the perineum, giving rise to abscess. Under bad management, as in irregular treatment, the remote effects of these injuries are disastrous in the in the extreme. Even if spared from death in consequence of the extensive suppuration, the patient will probably be left with an impermeable stricture, or a fistulous opening in the perineum. By an early incision this fistula may be avoided. As in other injuries which admit of this urinary effusion, a catheter must be used, and retained permanently. The laceration *may* be so extensive, that the catheter cannot be passed. Then the bladder must be emptied with a curved trocar, through the rectum, or anteriorly. *Arnica*, topically and internally is the best treatment, if not the *only* admissable one. Watch the case carefully, and if any signs of suppuration are seen, open the abscess freely and promptly, otherwise as said before, a fistula will be formed in the perineum, which is at least unpleasant.

*Laceration of the Perineum*. This is an accident rarely seen except in cases of labor. The laceration may be to almost any extent, from one of but little depth to an inch long, to one involv-

ing the vagina, and extending to the anus. The treatment is almost entirely mechanical. Cases have recovered by placing the patient on the side and strictly enjoining quiet for two or three weeks.

*Foreign bodies in the Vagina* are met in girls who are confirmed masturbators. The list of articles which have been removed from such a position by the surgeon, is a large one, and embraces nearly every conceivable thing. The extraction is often attended with considerable difficulty, owing to the swelling of the parts, as well as the pain consequent upon the inflammation. A dose or two of *Aconite*, will usually reduce this, when with a pair of lithotomy forceps, the substance may be extracted. *Arnica*, topically and internally, will be the remedy required after the removal.

**Therapeutics** of the different complications that may arise, will of necessity be suppositious here; although the remedies and symptoms given are those that have been oftenest noticed by me.

PERITONITIS: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Cham.*, *Coff.*, *Coloc.*, *Hyos.*, *Nux v.*, *Opi.*, *Rhus.*

INFLAMMATION OF THE INTESTINES: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Cham.*, *Hyos.*, *Ipec.*, *Lach.*, *Nux v.*, *Puls.*, *Rhus.*

GANGRENE OF THE INTESTINES: *Ars.*, *Lach.*, *Nux v.*, *Rhus.*

INFLAMMATION OF THE BLADDER: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Canth.*, *Calc.*, *Graph.*, *Lyc.*, *Merc.*, *Sulph.*, *Puls.*

GANGRENE OF THE BLADDER: *Arn.*, *Ars.*, *Canth.*, *Puls.*

**Aconite nap.** Painful feeling of swelling in the stomach, with want of appetite, and paroxysms of shortness of breath; pressure in the region of the liver; burning in the umbilical region; the abdomen is sensitive to the touch; diarrhœa, with nausea and sweat; frequent, scanty, and loose stool with tenesmus, watery diarrhœa, white stools and red urine; involuntary micturition; urging to urinate.

*Worse* morning, evening, and night; also, before stool, after stool, while urinating.

*Better* while lying on the back or on the sound side. Left side.

**Arnica mon.** Feeling of repletion in the stomach, although he has eaten nothing, accompanied by a loathing of food; stitches under the false ribs arresting the breath; colic resembling dysentery; sharp thrusts in the abdomen from one side to the other;

hard difficult stool with pressure in the abdomen; frequent small stools consisting only of slime; constipation; bloody urine.

*Worse* in the morning, evening and night; also, on moving the body, before and after urinating.

*Better* when lying down on the sound side. Right side.

**Arsenic alb.** Pains in the whole abdomen, excessive at night; pains with the greatest anguish, lamentations, tossing about and internal restlessness which does not allow one to lie still; despair of life; spasmodic pains in the abdomen; feeling as if the intestines were twisted; cutting in the abdomen; writhing sensation in the abdomen; cold, or burning sensation in the bowels; painful distension and swelling; constipation with pain in the abdomen; tenesmus with burning and pressing in the anus and rectum; violent diarrhœa, with frequent discharges; also, tenesmus, colic, vomiting, and great weakness; evacuations are yellow and burning, or dark green and slimy; black, burning, or acrid, or undigested stools; dysenteric diarrhœa; discharges of blood with the urine.

*Worse* at night; also, when eating, while lying on the back, or injured side, after lying down, and during stool.

*Better* when awaking, and when lying on the sound side. Right side.

**Belladonna.** Distended, but neither hard nor painful abdomen; colic, with a sensation of drawing, griping, seizing, or clutching as if with fingers or claws; contractive dragging in the umbilical region; flatulent colic; heat and anxiety in the abdomen; violent incisive pressure in the hypogastrium; shuddering during stool; little or no stool, but great straining; diarrhœic stool with great tenesmus; also dysenteric stool; vomiting after tenesmus; constipation with pressure, and contractive pain in the rectum: involuntary discharge of fæces.

*Worse* in the afternoon, evening, and at night; also, on moving, on being touched, when turning, from talking, and after urinating.

*Better* when lying down and afterwards. Left side.

**Bryonia.** Constipation; hard, tough stool, with protrusion of the rectum; dry stool as if burnt; sensation of swelling in the pit of the stomach; burning, inflammation, and spasms of the stomach; stinging in the region of the liver; inflammation of the liver; pain in the abdomen which renders the breathing difficult,



temporarily relieved by walking; constipation with feeling as if something had lodged in the stomach or bowels; diarrhœa with weakness.

*Worse* in the afternoon, and night before midnight; also, just before falling asleep, after eating, from motion of the body, lying on the sound side, when talking, while turning, and before urinating.

*Better* while lying on the back, or injured side, and after lying down. Left side.

**Calcarea carb.** Constipation with stools like clay or painless diarrhœa; frequent emissions of urine, mixed with mucus.

*Worse* in the morning, evening, and at night; also, before, during, and after eating, lying on the sound side, during and after stool, talking, and after urinating.

*Better* when lying on the injured side, after lying down. Left side.

**Cantharides.** Violent burning pain in the stomach; the stomach is sensitive to the touch; inflammation of the liver, diarrhœa of mucus, followed by pain in the abdomen, or bloody discharges; during stool, burning in the anus, and prolapsus recti; after stool, chilliness and tenesmus; difficult discharge of deep-red urine; ineffectual urging, but a drop at a time; urine mixed with blood, mucus or pus.

*Worse* in the afternoon and at night; also, after the stool, during and after urinating.

*Better* while lying down, and after lying down. Right side.

**Chamomilla.** Painful bloatedness of the epigastrium; incarceration of flatulence with pressure upwards; oppression of the stomach as if a stone were passing downwards; spasms of the stomach, particularly after a meal and at night; continuous tensive pain in the sub-costal region; pressing toward the abdominal ring as if a hernia would come down; painless green, watery diarrhœa; hot diarrhœic stool; nightly diarrhœa; a diarrhœic stool, consisting of white mucus, and colic.

*Worse* in the evening, and at night; also, during and after lying down, during and after eating, before and during stool, and from pressure.

*Better* while lying on the injured side. Left side mostly.

**Coffea cruda.** Fermentation in the abdomen, followed by vomiting; dartings in the side of the abdomen, during every expira-

tion; diarrhœa, with warmth and a slight sensation of roughness at the anus.

*Worse* in the morning; also, on moving, and during stool.

*Better* on lying down? . Either side.

**Colocynthis.** Exceedingly violent pains, with a sensation of drawing or pinching; or cutting and lancinating as from knives; great tenderness of the abdomen, which feels as if it were bruised; distension, or a feeling of emptiness in the abdomen; cramps in the calves of the legs, or shivering and tearing in them; excessive restlessness, agitation and tossing, caused by the violence of the pain; absence of evacuations, or diarrhœa and bilious vomiting, which is renewed immediately after eating, no matter how little.

*Worse* in the afternoon and evening; also, when lying on the back, during stool, and before and after urinating.

*Better* when lying on the injured side, and moving. Right side.

**Graphites.** After eating the stomach becomes inflated; fullness and heaviness in the abdomen; distended abdomen with diarrhœa; hardness of abdomen; constipation; the stools hard and knotty, and connected together by mucus threads; of too large a size; a quantity of white mucus is expelled with each stool; mucous diarrhœa; sour-smelling stool, with burning at the rectum; itching and sore feeling at the anus; anxious, painful desire to urinate, with discharge of small quantities of brown urine in drops, with a stitch in the urethra when emitting it, urine smells sour; very turbid, with a reddish sediment.

*Worse* at night; also, from cold.

*Better* when eructing flatus. Left side.

**Hepar sulph.** Bruised, drawing, or cutting pain in the abdomen; constipation, with stools like clay; whitish stools; painless diarrhœa; deep red urine, mixed with blood, mucus, or pus.

*Worse* nearly all times of day alike; also, while eating, while lying on the painful side, on movement, on pressure, during stool, from talking, on being touched, while turning, while, and after urinating.

*Better* while lying on the sound side, and after lying down. Left side principally.

**Ipecacuanha.** Horrible indescribable pain, and sick feeling in the stomach; cutting and pinching, as if grasping with hands around the umbilicus; diarrhœic stools, green as grass, with nausea

and colic, and as if fermented; fæces covered with bloody mucus; bloody stools; stools smell putrid; scanty urine, dark red; unsuccessful urging to urinate; hæmaturia, with cutting in the abdomen, and in the urethra; turbid urine, with brick-dust sediment.

*Worse* in the evening; also, on awaking, on moving, during stool, from vomiting, and while urinating.

*Better* on awaking? Right side.

**Lachesis.** Burning or cutting pain in the abdomen; distension of the abdomen; drawing or lacerating pain, with a feeling of emptiness; constipation, alternating with diarrhœa; diarrhœa with nausea and tenesmus.

*Worse* in the evening, and at night; also, after the stool.

*Better* after eating, and when lying down in bed. Right side,

**Lycopodium.** Burning, cutting, or drawing pain in the abdomen; distension of the abdomen; frequent emissions of deep-red urine, mixed with blood, urgency to urinate.

*Worse* in the afternoon, in the evening, and at night; also, just before falling asleep, during eating, from moving the body, lying down in bed, from pressure, on being touched, from vomiting, and while urinating.

*Better* when lying on the back, and from motion. Right side.

**Mercurius sol.** Constipation, with brownish, greenish, or yellowish stools; sensation as if something alive were in the abdomen; painful diarrhœa, with excoriation of the anus, nausea, tenesmus, and weakness.

*Worse* in the night; also before falling asleep?, on awaking, from moving, before stool, while, and after urinating.

*Better* on falling asleep. Right side.

**Nux vom.** Obstinate constipation, or hard and difficult fæces; pressure in the abdomen as if from a stone, and sensation of internal heat; pinching, drawing, contractive, or compressive pains in the abdomen; pressure at the pit of the stomach, with distension of the abdomen, and pain and tenderness; frequent emission of bloody mucus urine, or mixed with pus; ineffectual urging to urinate.

*Worse* in the morning, and in the afternoon; also, on awaking, after eating, while lying on the back or injured side, on moving, during and after stool, on being touched, vomiting, and before and after urinating.

*Better* while lying on the sound side, and after lying down. Either right or left side.

**Opium.** Constrictive, intolerable pain in the stomach, causing a deadly anguish; drawing colic; pain as if the intestines were being cut to pieces; paralysis of the intestines; costiveness for weeks, hard stool; nothing but small hard balls are passed; liquid and frothy stools; with itching and burning in the anus, with tenesmus; involuntary stools; an excessive pain in the anus.

*Worse* in the night; also, before the stool.

*Better* ——. ? . Left side.

**Pulsatilla.** Bruised, or cutting pain in the abdomen, with distension; constipation with whitish fæces; diarrhœa with shivering; involuntary emission, of a diminished quantity of urine; urgent inclination to micturate.

*Worse* in the afternoon, evening, and at night; also, before falling asleep, on awaking, during and after eating, while lying on the sound side, after lying down, before the stool, on being touched, from vomiting, before, during, and after urinating.

*Better* after eating, when lying on the injured side, and from moving. Left side.

**Rhus tox.** Pressure in the pit of the stomach as if swollen, impeding respiration; violent throbbing and ulcerative pain below the pit of the stomach; constant tenesmus; alternate constipation and diarrhœa.

*Worse* in the morning, evening, and night; also, after eating, when lying on the back, or sound side, after lying down, before and during the stool, from talking, on being touched, when turning, and before urinating.

*Better* from moving, and on pressure. Right side.

**Sulphur.** Digging in the abdomen; constipation, with black, brownish, greenish, or whitish fæces; painful diarrhœa, with shivering, and weakness: involuntary emission of dark-red, bloody, or mucus urine, diminished secretion, with urgent inclination to urinate.

*Worse* in the evening and at night; also, before falling asleep, after lying down, during and after stool, from talking, on being touched, on vomiting, and before, during, and after urinating.

*Better* from cold. Left side.

## OPERATIONS.

The *operations* for the relief of these affections, are few and comparatively simple. Among all our remedies we have not one, that has at all satisfied me, will produce complete quietness of the bowels, so important a point in the treatment of these diseases. Quietness we must have, and using it as a sort of a plug—, we *must* resort to *opium*. Although a rigid Hahnemannian, I must acknowledge, that this drug must be used, in order to ensure a perfect cure, particularly in lacerated perineum.

*Lacerated urethra*: The instruments needed are, a scalpel, probe, and sharp-pointed bistourys; and for puncture, a curved trocar and canula. Should the laceration be so extensive, that the catheter cannot be entered into the bladder, make an incision through the perineum, and insert the catheter as in lithotomy. Should this not be practicable, push the trocar into the bladder through the rectum. The former operation is preferable.

*Lacerated perineum*: The instruments required, are a scalpel, dissecting forceps, needles, silver wire, etc. Carefully clean the wound, and if of long standing, freshen the edges with the scalpel. The quilled suture may be used, but the “shot-and-button” plan is the best. Place the patient in the position for lithotomy, and introduce sutures of silver wire; draw the edges of the fissure together; pass the ends of the wire through two holes in the button, and fasten them by squeezing split shot together. Introduce a catheter, retain it in place with tapes; ensure absence of evacuations, and enjoin perfect quietness, and a light diet. The knees had best be bandaged together, and the wound dressed by a nurse daily with a weak solution of *Staph*. Other symptoms as they arise, are to be met by appropriate remedies, and if care is exercised, there is no good reason, outside of some cachexia, why the recovery should not be complete.

# SURGICAL DISEASES OF THE INTESTINES.

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## HERNIA — INTESTINAL OBSTRUCTIONS.

### HERNIA.

This subject is one that would fill quite a large volume. The term applies to the protrusion of any of the viscera, either into another cavity, or through an opening in the walls of the cavity in which they are contained.

Abdominal hernia, is the protrusion of intestines, or omentum, or both, either through one of the abdominal rings, or some other artificial opening. These protrusions are dependent upon the giving way of the parietes, that have been weakened by disease, or have been insufficient from birth, or they may be ruptured from direct violence. We have two grand classes of hernia, one called *reducible*, when it can be readily returned to the cavity of the abdomen, and the other *irreducible*, when reduction is impossible. This strangulation may be due to one of two conditions. 1st. When the hernia is of long-standing, the continuance of the pressure exerted by the gut; a formation of plastic bands, that by narrowing the opening, or by direct attachment to the gut or omentum, prevents its return into the cavity of the abdomen. 2d. A constriction — spasmodic or organic, may be the cause.

The varieties of abdominal hernia are very many, and as the slightest deviation in the descent of the intestine from some authentic direction is sufficient to give us a new name, with *some* surgeons, the nomenclature alone has deterred many from investigating the subject. The usually recognized varieties are as follows:

*Inguinal hernia*: This is a hernial tumor that issues from the inguinal canal, and is known as either direct or oblique. *Direct*, is the term given to it, when it does not issue from the external



ring, but is merely pushed out through the internal, forcing the muscles in front of it. In the words of Erichsen, "the whole extent of the canal is not filled up." *Oblique* is the term applied to that form in which the whole extent of the canal *is* filled up, the gut issuing from the external ring. When the intestine descends into the scrotum, it is called *scrotal* hernia, but is, in reality, only an aggravated case of oblique inguinal. This form is the hardest to cure, as it is usually of long standing.

*Femoral hernia*, is that variety in which the intestines pass out under the Poupart's ligament, and consequently occupies the sheath, and follows the course of the femoral vessels.

*Umbilical hernia* is as its name indicates, a protrusion through the umbilical opening. It is common in children, and among adults it is oftener met with among women than men.

*Ventral hernia*, is a protrusion of the tumor through other portions of the abdominal walls, where there is no natural opening, and is due generally to violence, by which some of the muscles are torn. It is sometimes produced during parturition. It is in old age sometimes due to fatty degeneration of the muscular walls.

There are other varieties, but as they are modifications of the ones mentioned, the mere mention of their names will be sufficient. Thus we have, the *sciatic*, *pudendal*, *vaginal*, *perineal*, *diaphragmatic*, etc.

Hernia is known by different general names, according to the contents of the sac. Thus, when the gut alone has come down, we call it *enterocele*; when the omentum alone, *epiplocele*; when composed of both together, *entero-epiplocele*. These may be distinguished from each other, when reducible, by the peculiar sound emitted on their reduction. The epiplocele slides back quietly, the enterocele with a gurgling noise, as if of water running in the intestines.

In operating for incarcerated hernia, the coverings to the prolapsed intestine should be well known. In general they may be said to be, 1st, the skin, muscles, and fasciæ; 2d, the sac; 3d, the omentum or intestine. The sac is the peritoneum, or that portion of it which came over the aperture, through which the hernia protrudes. These coverings, of course, are different in the different varieties of hernia, and this must be well considered before operating.

The account I have given is a mere skeleton, but is probably

sufficient to serve as an introduction to the subject of the treatment. Care must be taken not to confound an irreducible hernia with glandular enlargements, or tumors of other kinds. In hernia, whenever the patient coughs, there is "an impulse felt in the tumor," which does not occur in any other variety. Then the suddenness of its appearance, its elasticity, obstructed intestinal action, may be considered good presumptive evidence of its being hernia.

As homœopathists our success has been truly gratifying in the reduction of strangulated hernias, without other aid than that derived from our remedies. We do not, however, disparage operative measures, for the necessity for their employment may occur from the failure of remedial action, either from the poor selection of the remedy, or from some organic causes, as the existence of plastic bands. By waiting too long for the action of remedies, gangrene may set in, and the operation will then be rendered useless from too much time having been lost. No definite length of time can be given in which medicine should be used alone before resorting to operation; each physician must let the particular case, and his own judgment, determine.

#### INTESTINAL OBSTRUCTIONS.

This distressing disease, if such it may be called, is known as either *acute* or *chronic*. The *acute* form is an obstruction to the passage of the contents of the bowel from one of four causes: 1st. From mechanical causes, of one of two forms. From a portion of the intestine becoming engaged and strangulated in an aperture in the mesentery; or from direct violence. 2d. From invagination: or one portion of the gut slipping into the other: the upper part into the lower. 3d. From a portion becoming twisted. 4th. From cancerous constriction. Still another cause, however, may be enumerated, that of constriction exercised by the formation of plastic bands. And, again, there may be a simple spasmodic constriction, due to other causes, as cerebral, etc. The symptoms attending a case of the acute variety are as follows: Constipation, pain, and vomiting. The pain is felt at the point of stricture, and is followed by vomiting, first of the contents of the stomach, later by that of the intestines. Frequently, however, the stercoraceous matter is vomited from the first. Great physical depression, swelling of the abdomen, rumbling of flatus, and, as a matter of

course, no alvine discharge. Later there is much mental disorder, and great physical agony. Patients have been known to live for two or more weeks in this condition. Death may ensue from exhaustion, gangrene, and, in some cases, peritonitis. I made a post mortem on the body of a man in Philadelphia in October, 1867, in which the intestines were found to be enormously distended, filled with gas and a black, watery, and fetid fluid. There were three strictures, all of them giving the appearance of a string drawn around the gut. One was at the commencement of the jejunum, the other near the termination of the ileum, and the third just above the sigmoid flexure of the colon. This last seemed to be the oldest, the most recent one being that of the jejunum.

The *chronic* form arises from one of three causes usually. 1st, Scirrhus, which gradually narrows the intestine, until suddenly it is completely occluded; 2d, from the pressure of tumors; and 3d, from the accumulation of hardened fæces. The large intestine is usually the seat of this form of the disease. The symptoms prior to this complete closure, may be almost *anything* indicating something wrong with the intestines, and are not readily described. *After* the occlusion, they are much the same as those occurring in the acute form, only coming on more slowly, and gradually increasing in intensity. Individuals suffering with this disease have been known to live for weeks, even after the complete occlusion had occurred.

#### TREATMENT.

In the treatment of hernia, great care must be taken not to let the strangulation culminate in gangrene. In the *acute* form of intestinal obstructions, great and decided results have been time and again obtained. But the *chronic* form is one that oftener defies all relief. Here the pathological condition *must* be taken into the account. If it be due to the pressure exerted by a tumor, then "pressure effects" will not constitute the picture of the remedy; the obstruction being, as it were, mechanical, *must* be removed by mechanical measures. If scirrhus be the cause, there will probably be symptoms enough to indicate the real trouble, and the remedy. I know of no remedies that I can confidently recommend for this distressing trouble; each case must be considered alone. The complications that may arise are so very numerous, that the whole *Materia Medica* would but barely cover the ground.

The selection I have made of the remedies, includes such as I supposed would be the oftenest called for, and are, *Aconite, Ars., Aur., Bell., Borax, Bry., Calc., Carbo v., Cina, Cocc., Gels., Lach., Lyc., Magn., carb., Nit. ac., Nux v., Opi., Plumb., Rhus, Sil., Stan., Sulph., Thuja, Verat.*

The Index may be arranged as follows :

HERNIA : Umbilical : *Aur., Borax, Calc., Cocc., Cina, Nux v., Nit. ac., Sil., Stan., Verat.*

—— Inguinal : *Aur., Cocc., Magn. c., Nux v., Sil., Verat.*

—— Strangulated : *Acon., Nux v., Opi., Sulph., Ars., Bell., Gels., Lach., Lyc., Verat.*

INTESTINAL OBSTRUCTION : Acute : *Cocc., Bell., Nux v., Opi., Thuja, Ars., Bry., Carbo v., Rhus, Lach.*

—— Chronic :

**Aconite nap.** Vomiting, with nausea, thirst, heat, profuse sweat, and enuresis ; vomiting of lumbrici ; drawing, burning, or pinching in the umbilicus ; sensitiveness of the abdomen to the touch ; inflammation of the bowels and peritoneum ; distension of the abdomen, with paroxysms of anguish, swelling and distension of the abdomen, as if from dropsy ; inflammation of the hernia stricture, with bitter bilious vomiting ; violent inflammation of the parts affected in hernia, with burning pain in the abdomen as if from red-hot coals.

*Worse* in the morning, evening, and night ; also from anger or fright, from cold, when lying on the left side, on being touched, and when turning in bed.

*Better* when lying on the back or right side, and from warmth. Left side.

**Arsenicum alb.** Hard bloated abdomen ; burning pains with anguish ; sensation of coldness in the upper part of the abdomen, general and rapid sinking of strength ; great debility ; vomiting of everything he eats or drinks ; excessive pains in the whole abdomen ; pains with great anguish, lamentations, tossing about ; internal restlessness, which does not allow one to be still ; despair of getting well ; a sensation as if the intestines became twisted ; writhing sensation in the abdomen ; gangrene of the hernial tumor.

*Worse* in the evening and at night ; also from anger, from cold, and when lying on the back.

*Better* from warmth. Right side.

**Aurum met.** Pressure in the abdominal ring, as if hernia would protrude when sitting; protrusion of inguinal hernia, with great cramp-like pains; inguinal hernia of children; umbilical hernia in children, caused by crying.

*Worse* in the morning and at night; also from cold, when lying down, and when standing.

*Better* from pressure, and from warmth. Right side.

**Belladonna.** Distended, but neither hard nor painful abdomen; constriction of the abdomen around the umbilicus, as if a lump or a ball would form there; colic, as if a spot in the abdomen were seized by the nails; griping, clutching, or clawing in the abdomen; constipation, with inflation in the abdomen, and heat in the head.

*Worse* in the evening and at night; also from anger or fright, from cold, and on being touched.

*Better* when lying down, also when standing, and from warmth.

Either side.

**Borax ven.** Cures infantile hernia, when there are the following symptoms: The child dreads a downward motion; even when asleep it suddenly awakes if an attempt is made to put it in the cradle or bed; also very nervous; also the rumpling of paper, the rustling of a silk dress, sneezing of others, the falling of a door-latch, causes it to wake, and when waked to cry continually; does not thrive; is very apt to have a brown watery diarrhœa.

*Worse* in the evening; also from cold, when lying on the right side, and when turning in bed.

*Better* when lying on the left side, from pressure, and from warmth. Right side?

**Bryonia alba.** Hard swelling of the hypochondria, and around the umbilicus; painful twisting around the umbilicus with stitches; constipation.

*Worse* in the evening and at night; also from anger, when changing the position, when lying on the left side, from being touched, and when turning in bed.

*Better* from cold, when lying on the back, and when sitting. Left side.

**Calcarea carb.** GUERNSEY gives the following indications for the use of this remedy in infantile hernia: Very open fontanelles; perspires freely about the head when sleeping, so as to wet the pillow far around; or when the child is colicky, and cries much, by spells, day and night; does not sleep much after 3 A.M.; often cries much



then. LIPPE adds, considerable distension of the abdomen with colic; drawing in the abdomen; distension and hardness of the abdomen; constant gurgling in the abdomen.

*Worse* in the morning, evening, and at night; also from cold.

*Better* from warmth, and on loosening the garments. Right side.

**Carbo veg.** Great anxiety, with uneasiness in the abdomen, distension from incarcerated flatulence, in the left side of the epigastrium, attended with a crampy pain; the flatus becomes incarcerated in different parts of the abdomen, under the floating ribs, and in the region of the bladder, and slowly passes off with a sense of heat in the rectum.

*Worse* in the morning and forenoon; also from changing the position, from pressure, on being touched, and when turning in bed.

*Better* after lying down. Right side.

**Cina.** GUERNSEY gives the following indications in infantile hernia: The child does not thrive; never sleeps quietly; it is always in motion, even in its most quiet slumber, which is never long at a time; when awake it always cries, and is very cross; it sometimes refuses almost everything it is offered; nothing seems to satisfy it; it is constantly worrying and crying.

*Worse* at night; also from pressure, while sitting, and from warmth

*Better* after lying down. Left side.

**Cocculus ind.** Lacerating in the intestines; distension of the abdomen; vomiting with bruised pain in the intestines; great weakness, and inability to stand.

*Worse* in the evening; also from cold.

*Better* from pressure, and from warmth. Right side?

**Gelsemium.** Recommended by HALE, but the symptoms given in his book (1st ed.) are not in the least characteristic, and as far as he goes, it seems to be merely "supposed" to be of use. LIPPE's symptoms are, gnawing pain in the transverse colon; sudden spasmodic pains in the upper portion of the abdomen, compelling him to cry out, leaving a sensation of contraction; symptoms brought on by fright, or the sudden hearing of bad news. It has been recommended by some authors in the treatment of strangulated hernia, but I have not been able to find a case treated by it; it is more probably of greater utility in intestinal obstructions.

**Lachesis.** Particularly useful when gangrene threatens in strangulated hernia; the skin covering the hernial tumor is mottled or



dark ; pain across the abdomen ; contractive sensation in the abdomen ; cutting, lacerating, or burning in the abdomen ; burning around the umbilicus ; hard distension of the abdomen ; the hernial tumor is exceedingly sensitive, will not admit of handling.

*Worse* in the evening, and at night ; also when changing the position, and from pressure.

*Better* from warmth ? Right side ?

**Lycopodium.** Full, distended abdomen, with cold feet ; spasmodic contraction in the abdomen ; drawing pain in the abdomen, also with pressure ; grumbling and gurgling in the abdomen ; lacerating stitches in the hernia.

*Worse* in the afternoon, evening, and at night ; also from anger, when changing the position, when lying down, from pressure, on being touched, and from warmth.

*Better* from cold, and when lying on the back. Right side.

**Magnesia carb.** Spasmodic contractive pains in the abdomen ; retention of stool.

*Worse* in the evening, and at night ; also from cold, from pressure, and on being touched.

*Better* from warmth. Left side.

**Nitric acid.** Drawing pain in the abdomen, with shuddering ; frequent pinching in the abdomen ; rumbling in the abdomen ; excessive sensitiveness of the abdomen.

*Worse* (all times of day alike ; rather worse at night) ; also from pressure, and on being touched.

*Better* on getting warm. Left side.

**Nux vom.** Contractive pain in the hypogastrium ; griping, and clutching in the epigastrium ; pinching in the abdomen ; bruised pain in the bowels ; pain in the bowels as if raw and sore ; frequent protrusion of inguinal hernia ; all kinds of hernia, with red or yellowish foci, some tenderness from pressure on the tumor, nausea, and vomiting. Useful in nearly every case of strangulated hernia.

*Worse* in the morning ; also from anger or fright, when lying on the back or right side, and when turning in bed.

*Better* while lying on the left side, and when sitting or standing. Right side.

**Opium.** Redness of the face ; distension of the abdomen ; vomiting of putrid matter ; vomiting of feculent matter ; vomiting of urine ; pain in the abdomen as if the intestines were cut to pieces.

*Worse* at night; also from fright, and during and after sleep. Either side.

**Plumbum met.** Excessive pains in the abdomen; violent pains in the region of the umbilicus.

*Worse* in the evening, and at night; also from motion.

*Better* from rubbing. Left side.

**Rhus tox.** Cramp-like drawing in the umbilical region; distension of the abdomen in the umbilical region, with violent pinching.

*Worse* in the morning, evening, and at night; also when changing the position, from cold, when lying on the back, from standing, and on being touched.

*Better* from pressure, and from warmth. Right side.

**Silicea.** GUERNSEY says (speaking of hernia), when the child is very tender to the touch around the tumor: the tumor is painful, and the child is easier when it recedes; vomits up the milk profusely after nursing; dreads to be moved; frequent colicky pains, which are relieved by a discharge of very offensive flatus; flat, distended abdomen.

*Worse* at night; also from cold, when lying on the back or left side, from pressure, and on being touched.

*Better* from warmth. Right side.

**Stannum met.** GUERNSEY says of this remedy, when the sufferings are relieved by pressing on the abdomen; it must lie over the nurse's shoulder, or across her knee, or the hand must be pressed firmly on the abdomen. Sensitiveness of the abdomen to the touch.

*Worse* in the evening; also when lying on the painless side.

*Better* when lying on the back, and from loosening the garments. Right side.

**Sulphur.** Painful sensitiveness in the whole abdomen, as if the parts in it were raw and sore; pain as if something would be torn out; spasmodically contractive colic; painfulness in the abdomen when touching it; inflamed strangulated hernia; painful inguinal hernia; rumbling in the hypogastrium as if empty.

*Worse* in the evening, and at night; also when standing, and when touching the parts.

*Better* by drawing up the limbs, when lying on the right side, and from heat. Left side.

**Thuja occi.** The upper part of the abdomen is drawn in; movement in the abdomen as if from something alive; the muscles

are pushed out as if by the arm of a foetus, but painless; flatulence as if an animal were crying in the abdomen.

*Worse* in the evening, and at night; also from cold-wet.

*Better* from warm-wet. Right side.

**Veratrum alb.** Cutting colic; distension of the abdomen; pain in the abdomen here and there, as if cut with knives.

*Worse* in the morning; also after sleep.

*Better* from cold. Right side.

Before closing the subject of treatment, it will be well to mention one or two methods of temporary relief in irreducible hernia. Injections of molasses have frequently been spoken of as very useful; this substance is not used for any *medicinal* properties it possesses, but merely by its *weight* is supposed to force the intestines back, and is probably a good thing for "inside help." Others have used some tin kitchen utensil, which by the aid of fire is so applied, that acting as a cup, it will "suck" the lower part of the intestines out, and thus reduce the stricture. This is, to say the least, a very doubtful thing, as the portion which would be acted on is the small intestine, and you *might* have to "suck" out twenty feet before any inside traction would be made. The proprietor of this *novel* if not ingenious appliance, should take out a patent-right forthwith. The practice of raising a person by his feet, and shaking him, has been adopted in several cases, and with good results. Stand with your back to the patient, draw the legs over your shoulders as far as the knee, raise him completely up head downwards, raise yourself on the toes, and come down heavily on the heels. This would probably answer well in many cases. The inflation of the intestines with water or air, either with a syringe, bellows, or by generating free gas in the intestine, has relieved some cases of intussusception.

#### OPERATIONS.

The operations in vogue for both of these affections, are of a somewhat complex nature, and will consequently be but glanced at here. AMUSAT revived an old operation for the purpose of relieving the stricture in intestinal obstructions. From the danger of peritonitis which followed the wounding of the peritoneum when the operation was performed through the anterior parieties of the

abdomen, he performed gastrotomy by an incision from behind. ERICHSEN prefers one in the side. Either operation is good, but highly dangerous.

In hernia, as well as in the preceding case, the coverings of the intestine must be carefully studied and fixed in the mind; otherwise a man may not divide the stricture all, or else may open the gut by mistake for the sac. First expose the point of stricture, then cut it. Make the incision which will as far as possible avoid the larger vessels, then raise each successive layer of the coverings on a director, and separate them carefully. Make yourself acquainted with the condition of the knuckle of intestine, but if *possible* avoid opening the sac.

## SURGICAL DISEASES OF THE ANUS AND RECTUM.

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### HÆMORRHOIDS—ULCER AND FISSURE OF THE ANUS—FISTULA IN ANO—PROLAPSUS RECTI.

#### HÆMORRHOIDS.

Some authors, and from what I can learn only in our own ranks, speak of hæmorrhoids as being an effusion of blood into the cellular tissue in the neighborhood of the anus. This is manifestly incorrect. The disease is a varix of the hæmorrhoidal veins, and of the veins in that neighborhood, chiefly the inferior mesentery, and are *bleeding, blind, internal, and external* piles, or hæmorrhoids. The internal are those which are situated entirely within the anus, and may either bleed or not. The external are those which are wholly or in part outside of the anus, and are always blind. The disease is very common, from the imperfect support given to the veins, and is usually associated with constipation. It is more common to men than women, and is rather peculiar to young people or those of middle life. A sedentary life, particularly when associated with high living, readily induces the disease. Indeed, anything that will tend to increase the circulation, or rather the *amount* of blood in the veins, at the same time that it relaxes the tone of the parts, predisposes strongly to the production of piles. This condition is usually associated with some prolapsus of the rectum.

#### ULCER AND FISSURE OF THE ANUS.

*Fissure* of the anus, is a rhagade or crack, extending from some point in the rectum across the sphincter to the verge of the anus. Occasionally these appear without any other complication, but usually an *ulcer* is the point from which the fissure takes its start.

On passing the finger into the rectum, a small velvety elevation will be readily detected, and the truth of our supposition as to whether it be an ulcer or not, will be determined by the sensation of the patient. If it be an ulcer, a very acute and burning pain will be experienced on touching it. Considerable pain and general disturbance accompanies this condition, trivial as it may appear. One or more ulcers may exist alone without any fissure, or fissures without any ulcer; or, one ulcer may be accompanied by two or more fissures, and *vice versa*. The more prominent symptoms are, a burning and somewhat acute pain, more particularly if the stool be a hard one. Sometimes this pain does not appear until sometime after the passage of the stool. The urinary apparatus is also frequently affected, there being a constant desire to urinate, with some symptoms of stricture.

*Contraction of the sphincter ani*, is a condition that is very often present in connection with this disease, or it may be met with separately. It is usually a neuralgic condition, and is met with among women who are of a hysterical disposition. When occurring in connection with ulcer and fissure, there will be found to be much difficulty in introducing the finger or instrument for the purposes of examination. I believe the disease is always spasmodic, not continuous, nor of long duration.

*Abscess of the anus*, may as well be alluded to here as elsewhere. They differ but little from those in other parts of the body, save in the pus being of a very offensive odor, smelling strongly of the fæces, without there being any of the contents of the bowel in it. As Erichsen remarks, the proximity to the gut seems to determine this odor. An abscess in this situation should be opened early, or else much mischief may result. The intestine may be perforated, or the pus may be widely distributed over the nates.

#### FISTULA IN ANO.

*Fistula in ano*, is the sinus left from the contraction during the healing process of some kinds of ulcer and abscess in the neighborhood of the anus and rectum. Pathologists have mentioned four or more varieties, all included, however, in the terms *complete* and *incomplete*. The only varieties found among the first, or *complete* classes, are in reference to their number; anywhere from one to half-a-dozen, or even more. In the second class we have 1st,



"blind external fistula," in which there is an external opening, ending in a cul-de-sac, and not penetrating the intestine; 2d, "blind internal," in which there is an opening in the gut, but none in the skin. The pathology of these affections is much more interesting to the irregulars than to us; inasmuch as the relative merits of operations claim all their attention, no other means having yet been discovered to cure them, *e. g.*, by medicine. Often we will find, that even with our more perfect knowledge of medicine, instrumental treatment will have to be resorted to. Still this will be but comparatively seldom, and the day is not far distant when it will never be required in our hands. Electricity *may* be a useful agent in these affections, and at all events merits a trial.

#### PROLAPSUS OF THE RECTUM.

*Prolapsus Recti*, is a protrusion of the mucous membrane of the bowel through the anus, from a relaxed condition of the muscular portion of the intestine. Two forms are met with; one a simple, ordinary, prolapsus of the mucous membrane alone, and the other, a falling of the rectum as far as the muscular coat of the intestine. This last variety is quite a serious matter at times, as strangulation is then apt to arise, and produce considerable trouble. When a prolapsus occurs but once, and is not habitual, a simple replacement of the protruded portion is all that is necessary; but when it is of frequent recurrence, measures must be taken to cure this tendency. These measures are not the employment of what is commonly called "tonics," but the administration of remedies internally, to restore the tone of the debilitated canal. People of lax habit, broken-down or debilitated constitutions, as well as those who are habitually costive and have to strain a great deal at stool, are most subject to these accidents. Children are also more liable than adults, and women than men. It has sometimes occurred, that from spasmodic contraction of the sphincter in cases in which this occurs for the first time, gangrene has followed of the whole of the protruded portion. This is happily rare, as the loss of tonicity also extends to the sphincter usually. All artificial supports in these cases must be rigorously "left alone."

**Therapeutics.**—The remedies most frequently employed by us in the treatment of these diseases are, *Acon.*, *Aloes*, *Amber g.*,

*Ant. c., Arn., Ars., Æsculus, Bell., Bry., Calc. c., Carbo v., Cham., Chin., Colch., Coloc., Ferr., Graph., Ham., Hep. s., Ign., Kali., Kreos., Lach., Lyc., Merc., Nat. m., Nux v., Opi., Pæonia, Phos., Plat., Podoph., Puls., Rhus, Ruta, Sarsap., Sep., Sil., Spig., Sulph., Zinc.*

The index may be arranged as follows :

HÆMORRHOIDS: INTERNAL: *Acon., Aloes, Ant. c., Ars., Calc., Carbo. v., Caust., Chin., Coloc., Ferr., Graph., Lach., Nat. m., Nux v., Opi., Puls., Sep., Spig., Sulph., Ham. v.*

EXTERNAL: *Aloes, Ambra, Arn., Ars., Bell., Bry., Caust., Hep. s., Ign., Kreos., Lyc., Nux v., Opi., Plat., Puls., Sulph., Ham. v., Zinc.*

BLEEDING: *Acon., Aloes, Ant. c., Ars., Calc., Carbo v., Caust., Chin., Coloc., Erigeron, Ferr., Graph., Lach., Nat. m., Nit. ac., Nux v., Opi., Puls., Sep., Spig., Sulph., Ham. v.*

BLOOD: (See external.)

BAD EFFECTS FROM SUPPRESSION OF: *Calc. c., Sulph.*

FROM SEDENTARY LIFE: *Nux v.*

FROM ABUSE OF LIQUORS: *Nux v.*

INFLAMED: *Nux v.*

FISSURE OF THE ANUS: *Arn., Graph., Cal. c., Cham., Hamam. Hepar s., Nitro., Petrol., Rhus, Sarsap., Sulph.*

ULCER OF THE ANUS: *Ars., Kali., Lach., Lyc., Pæonia, Sarsap.*

CONTRACTION OF THE SPHINCTER ANI: *Cal. c., Colch., Ign., Lyc., Nux vom., Phos.*

ABSCESS OF THE ANUS: *Acon., Bell., Hep. s., Rhus, Sil.*

FISTULA IN ANO: *Berber., Calc., Calc. phos., Caust., Sil., Sulph.*

PROLAPSUS ANI: *Ign., Nux v., Merc., Pod., Sulph., Ars., Calc., Lyc., Ruta, Sep.*

PROLAPSUS ANI: TO PREVENT TENDENCY: *Ars. Cal. c., Lyc., Ruta.*

IN INFANTS: *Ignat., Nux vom.*

**Aconite nap.** Momentary paralysis of the anus, with involuntary stools ; scanty, red-hot urine, without sediment.

Worse at night, and in the morning ; also, when bending over, and from cold.

Better from warmth.

**Aloes socot.** Heaviness, heat, pressing, and burning in the rectum ; mucus and blood in the fæces ; itching, burning, pulsating

pain as if from fissure at the anus; hemorrhoidal tumors protrude like bunches of grapes, and are very painful, sore, tender and hot; increased secretion of urine, especially at night, constant rumbling in the abdomen, with feeling as if he must have stool, but no evacuation following the effort. Jelly-like, bloody stool.

*Worse* in the afternoon; also, when standing up or sitting still.

*Better* from cold water.

**Ambra gris.** Itching, smarting and stinging at the anus; increased secretion of urine, much more than the fluid drank.

*Worse* in the evening; also when lying in a warm place, and on awakening.

*Better* from slow motion in the open air, and when lying or pressing upon the painful part.

**Antimonium crud.** Continual discharge of mucus from the bowels; alternate diarrhœa and constipation; increased and frequent discharge of urine at night, with discharge of mucus, burning in the urethra, and pain in the small of the back.

*Worse* at night; also, after bathing, and from the heat of the sun.

*Better* during rest, or in the open air.

**Arnica mon.** Painful pressure in the rectum: stools small and frequent, consisting only of slime; crampy sensation in the rectum: running in the rectum when standing, tenesmus in the rectum.

*Worse* in the morning, evening, and at night; also, when moving, when being touched, and from cold.

*Better* from pressure.

**Arsenicum alb.** Burning and soreness in the rectum and anus; hæmorrhoidal tumors with burning pain; the rectum is pushed out spasmodically, with great pain, it remains protruded after hæmorrhage from the rectum; smaller and painful hemorrhoids; varices which burn like fire, at night, stinging during the day particularly when walking.

*Worse* at night; also, from cold.

*Better* from warmth.

**Belladonna.** Spasmodic stricture of the rectum; paralysis of the sphincter ani; stinging pain in the rectum; contortive pain in the rectum; violent itching, and constrictive sensation in the anus; urine scanty, fiery red, dark, turbid.

*Worse* in the evening, and at night ; also, on moving, or when touching the parts.

*Better* while standing, or when lying down.

**Berberis vulg.** Fistula ani with great soreness and pain throughout the entire back, from sacrum upwards, greatly increased when the patient performs any labor.

**Bryonia alb.** Hard, tough stool, with protrusion of the rectum ; long-lasting burning in the rectum after hard stool ; sharp, burning pain in the rectum with soft stool ; white and turbid urine, sensation of constriction in the urethra when urinating.

*Worse* in the morning ; also, from motion, and from heat.

*Better* while lying down, or in getting warm in bed.

**Calcarea carb.** Discharge of blood from the rectum ; prolapsus ani, with constipation ; itching of the anus ; varices smaller, protruding, and burning ; violent pressure in the rectum ; burning in the rectum ; pricking of the rectum as if from ascarides ; grape-like eruption around the anus, painful and burning : frequent micturition, also at night ; during micturition, burning in the urethra.

*Worse* in the morning, evening, and at night ; also, in the cold air, from the pressure of the clothes, and in wet weather.

*Better* from loosening the garments, and from warmth.

**Calc. phos.** Fistula ani, in persons who have pains in the joints, with every spell of cold, stormy weather. Fissures of the anus, in tall, slim, light complexioned children, and who form bone and teeth slowly.

**Carbo veg.** Consumption, with hard, tough and scanty stool ; the stool, if soft, is passed with difficulty ; discharge of blood from the rectum : burning varices, burning at the anus, after stool ; soreness of, and oozing of moisture from the perineum ; frequent and anxious urging to pass urine ; copious emission of light yellow urine.

*Worse* in the morning ; also, in the open air, from poultices, and from pressure. *Better* after lying down.

**Causticum.** Fistula, with thin acrid discharge. Hæmorrhoids sore and painful from walking.

**Chamomilla vulg.** Constipation from inactivity of the anus ; inflamed varices, with ulcerated rhagades of the anus ; itching pain at the anus ; ineffectual urging, with anguish during micturition ; smarting pain in the urethra during micturition.

*Worse* at night; also, while lying down.

*Better* from warmth?

- **China off.** Difficult passage of fæces, even when soft, as from inactivity of the bowels; stitches in the rectum, also during stool; tingling in the anus, as if from ascarides; discharge of mucus from the rectum; bleeding piles; urine is dark, turbid and scanty; frequent micturition.

*Worse* at night; also, from touching the parts softly.

*Better* in the house.

**Colchicum aut.** Stool scanty, discharged only by hard straining, even of the soft stool, with pain in the small of the back; extremely painful stool; ineffectual pressing to stool, he feels the fæces in the rectum, yet cannot expel them; during stool, sensation as if the sphincter ani were torn to pieces; burning at the anus; spasms of the sphincter ani; frequent micturition.

*Worse* in the evening, and at night; also, from cold, when walking, and from being touched.

*Better* while sitting, or lying down.

**Colocynthis.** Constriction of the rectum during stool; discharge of blood from the rectum, with stinging, burning pain in the small of the back and anus.

*Worse* in the afternoon, and in the evening; also during rest.

*Better* from motion.

**Ferrum met.** Contractive spasm in the rectum; protrusion of large varices at the anus; painless diarrhœa; involuntary micturition, particularly in the day time.

*Worse* in the morning, and at night; also, when at rest.

*Better* from slow motion.

**Graphites.** Constipation, with hard, knotty stools, in lumps, united by a thread of mucus; burning of the rectum, with sour-smelling stool; itching and sore feeling of the anus; varices of the rectum, and between them burning rhagades at the anus; prolapsus recti with the varices, as if the rectum were paralyzed; frequent micturition; particularly at night.

*Worse* at night; also, from cold.

*Better* from warmth, and in getting warm in bed.

- **Hamamelis virg.** This remedy, I am sorry to say, has always been used by me empirically; it has, however, since I commenced using it, rarely failed to cure *any* case of hæmorrhoids. I use it topically. Anal fissure.

- **Hepar sulph.** Constipation, with hard, dry stool; even when the fæces are not hard, they are expelled with great difficulty; hæmorrhage from the rectum, with soft stool; soreness of the rectum after stool, with ichor; burning at the rectum; protrusion of the varices; perspiration on the perineum; the urine is passed slowly, and with difficulty.

*Worse* at night; also from cold air, from pressure, and from touching the parts.

*Better* from warmth.

**Ignatia am.** The stool is of too large size, soft, but very difficult to discharge; stitches from the anus, up the rectum, itching and creeping in the rectum as from ascarides; prolapsus ani, with smarting pain from slight pressure to stool; constriction of the anus after stool; frequent discharge of watery urine.

*Worse* in the evening, and in the morning; also, after lying down.

*Better* when lying on the back.

- **Kali carb.** Constipation with difficult emission of too large sized fæces; retarded stool, from inactivity of the rectum; smarting pain at the anus, with diarrhœa; continual burning at the anus of the stool; discharge of blood with the stool; itching and tingling of the anus; ulcerated pimples at the anus; protrusion and distension of the varices during stool, with pricking and burning; protrusion of the varices during micturition, emitting first blood, then white mucus; inflammation, soreness, stitches, and tingling, as from ascarides in the varices, frequent micturition, with discharge of small quantity of fiery urine; the urine is discharged slowly.

*Worse* in the morning; also, when at rest, from cold, and when lying on the side.

*Better* on getting warm.

**Kreosote.** Constipation, the stool being hard, dry, and only expelled with difficulty; stitches in the rectum extending towards the left groin; diminished secretion of urine, although he drinks much.

*Worse* in the morning; also in the open air, and in morning.

*Better* from warmth.

**Lachesis.** Constipation, with ineffectual desire to evacuate; constriction of the rectum, or sensation as of a plug in the anus; stitch in the rectum when laughing or sneezing; hæmorrhoidal



tumors protrude after the stool, with constriction of the sphincter; foaming urine; sensation as if a ball were rolling in the bladder.

*Worse* in the evening; also, in the open air, and from cold.

*Better* from warmth, or in the house or room.

**Lycopodium.** Constipation, hard stool with ineffectual desire to evacuate; desire for stool, followed by painful constriction of the rectum or anus; hæmorrhage from the rectum, even after a soft stool; feeling of fullness in the rectum, which continues after a copious stool; contractive pain in the perineum, after scanty hard stool; stitches in the rectum; itching and tension in the anus; itching eruption of the anus, painful to the touch; painful closing of the anus; protrusion of the varices; distension of the varices of the rectum; frequent desire to urinate, copious emission; sandy sediment in the urine.

*Worse* in the afternoon; also, when lying down, or sitting, and from the pressure of the clothes.

*Better* from cold.

**Mercurius.** Constipation, stool tenacious or crumbling, can only be discharged after violent straining; discharge of blood before, during and after stool; burning pain in the anus with a loose stool; discharge of mucus from the rectum; after the stool prolapsus ani, or when straining and pressing to stool; the rectum is black, discharging blood; frequent and violent desire to urinate, with scanty discharge and feeble stream.

*Worse* in the evening, and at night; also, from the heat of the bed, and when exercising.

*Better* when at rest, or while lying down.

**Natrum mur.** Constipation, stools difficult to discharge, hard, dry, crumbling, like sheep's dung; difficult stools, with stitches in the rectum; passes blood with the stool; during and after stool burning in the anus and rectum; piles with stinging pain; soreness at the anus, and around it, when walking; tetter at the anus; frequent and strong desire to urinate, with profuse discharge.

*Worse* in the forenoon; also, from any exertion.

*Better* when lying on the back or right side, and after lying down.

**Nitric acid.** Anal fissure, or hemorrhoids with painful burning in the rectum, after stool; and after micturition, excessive irritation; anxiety and general uneasiness after stool. Bleeding of

varices of anus during stool; swelling and almost continuous protrusion of the varice; almost daily contraction of anus.

**Nux vom.** Constipation; stools insufficient, black, hard, often streaked with blood, as from inactivity of the intestines; stools like pitch; painful blind piles; painful, ineffectual urging to urinate.

*Worse* in the morning; also, from motion, and on being lightly touched.

*Better* from strong pressure.

**Opium.** Constipation, from inactivity of the intestines; the stools are retained spasmodically; suppression of urine, as from contraction, or paralysis of the bladder.

*Worse* in the night; also, after sleep, and on becoming heated.

*Better* from motion.

**Pæonia.** Painful ulcer at the anus, with exudation of a fœtid moisture, extending towards the perineum.

**Phosphorus.** Constipation, small-shaped hard stool, and expelled with great difficulty; discharge of blood from the rectum, also during stool; spasms in the rectum; paralysis of the lower intestines, and the sphincter ani; discharge of mucus out of the wide-open anus; stinging or itching at the anus; easily-bleeding piles; increased secretion of watery, pale urine; involuntary discharge of urine.

*Worse* in the evening, and at night; also, when lying on the back, or left side.

*Better* when lying on the right side, from rubbing, and after sleeping.

**Platina.** Itching, tingling, and tenesmus at the anus, in the evening; frequent micturition, with slow flow of urine.

*Worse* in the evening; also, when at rest.

*Better* during motion.

**Podophyllum.** Constipation with flatulence and headache; fæces hard and dry, and voided with difficulty; prolapsus ani, with diarrhœa; descent of the rectum from a little exertion, followed by stool, or by thick and transparent mucus, sometimes mixed with blood; suppression of urine; or involuntary urination during sleep.

**Pulsatilla.** Difficult soft stool, with straining and back-ache; during stool congestion of blood to the anus; piles with great soreness; incontinence of urine; scanty, red-brown urine.

*Worse* in the evening; also, from heat.

*Better* from cold.

**Rhus tox.** Sore hæmorrhoids, protruding after stool; frequent urging to urinate day and night, with increased secretions; involuntary discharge of urine at night, or while sitting.

*Worse* at night; also, from cold and pressure.

*Better* from warmth.

**Ruta graveolens.** Prolapsus ani with every stool, either soft or hard; frequent unsuccessful urging to stool, with prolapsus ani; soft stool, which from inactivity of the bowels, is discharged with difficulty; frequent desire to micturate, with scanty emissions.

*Worse* in the afternoon; also, during wet, and from cold.

*Better* from motion.

**Sarsaparilla.** Difficult and painful stool, with fainting attacks; stool retarded, hard, and insufficient; frequent inefficient urging to urinate, with diminished secretion.

*Worse* in the afternoon; also, from cold.

*Better* from warmth.

**Sepia.** Insufficient stool, with straining and tenesmus; discharge of blood with the stool; pain in the rectum as from contraction; itching, burning, and stinging in the rectum and anus; sensation of a leaden ball in the rectum oozing from the rectum; discharge of mucus from the rectum, with stinging and tearing; frequent micturition.

*Worse* in the forenoon, and in the evening; also, when at rest.

*Better* from warmth, and when violently exercising.

**Silicea.** Constipation; difficult hard stool, which is large, and if partly expelled slips back again, as if there was not power enough to expel it; even the soft stool is expelled with much difficulty; itching in the anus and rectum, also during stool; continuous urging to urinate, with scanty discharge.

*Worse* in the night; also, from cold.

*Better* from warmth.

**Spigelia.** Frequent, though inefficient, urging to stool; discharge of large lumps of mucus without fæces; itching and tickling at the anus, and in the rectum; frequent micturition, with profuse discharge.

*Worse* in the forenoon, and at night; also, on bending down, from movement, or on touching the parts.

*Better* after lying down.

— **Sulphur.** Constipation ; frequent unsuccessful desire for stool ; stool hard, knotty, insufficient ; during the stool, discharge of blood, pain in the small of the back, palpitation of the heart, congestion to the head, prolapsus recti (especially during a hard stool) ; itching, burning, and stinging at the anus, and in the rectum ; after stool, tenesmus, constriction of the anus, swelling of, with soreness and stitching in the anus, frequent micturition, with small emission.

*Worse* in the evening, and at night ; also, on getting warm in bed, from bodily exertion, while at rest, and from touching the parts.

*Better* from motion, and from heat ;

**Zincum met.** Constipation ; stool hard and dry, inefficient, only expelled by hard pressing ; sensation of soreness, and violent itching at the anus ; tingling at the anus, as if from ascarides ; violent desire to urinate ; retention of urine when beginning to urinate.

*Worse* in the afternoon, and in the evening ; also, when in a warm room.

*Better* in the open air.

#### OPERATIONS.

Should contraction of the sphincter ani be permanent—and it may become so—the division of a few of the fibres will sometimes be necessary.

*Hæmorrhoids* are, by irregulars, often tied ; but the practice is not only useless, but may be a source of positive danger.

In *fistula in ano*, we will probably oftener be called to operate than in any other of these diseases. A probe is to be used to point out the direction of the canal, and then with a curved bistoury the whole of the tissues lying between the two openings is to be laid open, and allowed to heal by granulation. An instrument may be made that consists of a long flexible probe, terminating in a broad, razor-shaped blade, which will enable you to make the exploration and the incision at the same time. The cut must be made rapidly, as it is quite a painful operation. Fill the wound with lint, and let it heal from the bottom. Dissecting out the lining of the fistula is an operation spoken of by a French surgeon, I think MALGAIGNE but I do not think it a good, or, in many cases, a *possible* operation.

## SURGICAL DISEASES OF THE PENIS.

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SYPHILIS — PHIMOSIS — PARAPHIMOSIS — BALANITIS — HERPES OF  
THE GLANS AND PREPUCE — WARTS ON THE GLANS.

### SYPHILIS.

This is one of the diseases following impure coition. It has been customary to begin essays on this subject with an historical account. Want of space forbids it here, and, even if it were not so, I confess to knowing nothing about it, and much doubt if any-body does.

Writers divide the subject into three or four distinct varieties, the primary, secondary, tertiary, and congenital or infantile. The division is strictly allopathic and antiquated, recognizing a *local* affection, then a constitutional. The poison is absorbed before the chancre or primary sore is developed; this sore being a symptom of constitutional infection.

As a matter of fact, then, we have primary, secondary, and infantile syphilis, using the term secondary under protest for want of a better word.

*Primary Syphilis.* — This form consists in the development of an ulcer or sore, usually on the glans (in women, on the labia, or vagina), called a chancre. This is occasionally accompanied by an enlargement of the inguinal glands, on one or both sides, which may or may not terminate in suppuration, and, to distinguish it from a non-specific swelling, is called a bubo. It has been demonstrated to my satisfaction, of late years, that when a bubo disappears without suppurating, secondary disease is imminent; when the opposite, it need not be feared. In either event, however, syphilis is a disease we may well dread; even Ricord, who may be supposed to know more about it than any man of his day, said in the Paris Academy of Medicine, that he would not have a

chancre the size of a pin's head on his person, for all the wealth of the world. Writers retain the two main divisions of the subject, viz., hard and soft, but add to them a number of others, each at his own discretion. We read of the urethral, the phagedenic, etc., whilst in reality there are but *two kinds of chancre*, the *soft* or simple, and the *hard* or Hunterian. The others are but modifications of these, either in appearance or situation. The first of these varieties usually heals without any of what are called "constitutional" complications; while the second, in the vast majority of cases, either through malpractice or from a natural course of the disease, runs into the secondary form.

*Simple chancre* is the most common of the two. In common with the other variety, it commences by the formation of a small itching pimple, which breaks, and thus forms an ulcer. The time which elapses between the exposure and the manifestation of disease, is not uniformly the same in all cases: rarely is it noticed under three days, nor later again than fourteen. Cases are on record, however, in which from five to six weeks have elapsed between the inoculation and the first development. This form of chancre can be called a *superficial* one with propriety, as it exhibits no tendency to dip down into the tissues deeply, but merely spreads along the surface. The depth is uniform, base smooth, and the edges are slightly elevated; when pressed between the fingers it seems soft. The edges at first, and during the height of the disease, are sharp, crested, and white; but when they take on the healing process, they become red and rounded. The base of these sores is commonly covered by a lardy-looking substance. They discharge quite freely, a thin yellow or ichorous pus.

*Hard* chancre, or the Hunterian variety, is the opposite of all this. The chief distinctive characteristic is, however, the probability, nay, the almost certainty that secondary symptoms will appear. It is almost, if not quite, impossible to tell a hard from a soft chancre for the first day or two, as it commences with a pimple, breaks, and subsequently forms a true *soft* ulcer; but at the expiration of twenty-four, or forty-eight hours, it assumes the true Hunterian feel and appearance. Even when the hardness is fully disclosed, care must be taken in forming a diagnosis, or in giving an opinion, as it frequently happens that the soft chancre becomes *indurated*, but does not take on all the symptoms and appearances of the hard form. The hard chancre, on being pressed between



the finger and thumb, feels like gristle; the hardness extends for a considerable distance around the sore, and not only continues through the whole course of the disease, but remains for some time after the ulcer has healed. The edges are not raised; they are sharp-cut, and descend in a sloping direction deep into the substance of the part. Unlike the soft chancre, the surface is not moist and discharging pus, but dry, and frequently covered by a scab. As said before, this form is liable to be followed by secondary disease. The inguinal glands are swollen, and inflamed, but do not as a rule suppurate. These ulcers are less likely to be phagedenic than the former.

The *phagedenic* condition is fortunately not very often to be met with; it is a terrible complication, and needs the most active treatment, and the promptest measures. The causes commonly operating to produce a phagedenic ulceration are, a strumous diathesis, low-living, dissipation, and crowding a number of syphilitic cases together in one room.

YELDHAM says, dread of exposure or other strong mental conditions, and the result of allopathic medication, frequently are at fault. The appearance of an ulcer taking on this fearful form, has been spoken of in the chapter on Ulcers, but a brief reference to the principal symptoms may not be amiss here: Irregular-shaped ulcer, with jagged irritable edges; angry appearance; painfulness; a thin, ichorous discharge, and a marked disposition to extend very rapidly in all directions. Some cases are on record, where from three to six days, or even less, were sufficient for the almost total loss of the organs. It may be as well to state here as elsewhere, that the course of the disease in this form must be checked at once, and if we are unable through incompetency to find a remedy that will do it, we must employ local treatment of an energetic character. (*See treatment.*)

*Bubo* is a swelling, inflammation, induration, and frequently supuration of the inguinal glands, usually the result of syphilis, but not uncommonly seen as existing like any other glandular enlargement. It is sometimes, on the other hand, distinctly venereal, and yet no chancre has ever been formed. Thus ERICHSEN records a case of a young man with an enlargement of the inguinal glands who had not had a chancre, yet the swelling was proved to be venereal, by the production of a true venereal sore following the inoculation of one of his thighs with a small quantity of the matter

obtained from the abscess. In relation to the swelling indicating or not the existence, or rather the commencement, of secondary disease, much has been written, which after all is reduced to this generally received fact: When a bubo follows, or is connected with a *soft* chancre, and *suppurates*, secondary symptoms are seldom, if ever, developed. But, if they accompany a *hard* chancre, and do *not* suppurate, secondary syphilis will probably ensue.

*Secondary Syphilis.*—As already intimated, this form appears after the supposed cure of the chancre, affecting other parts of the body. Writers usually confine the term to specific disease of the soft parts; when it reaches the bone it is termed tertiary. I prefer to consider tertiary syphilis as infantile. Any part of the body may become the seat of disease; the order of frequency being about as follows: skin, mucous membranes of nose, mouth, and eyes, bones and internal organs. It has long been an open question, whether this form of syphilis is transmissible or not. I have been convinced that it is. A man suffering with syphilitic pharyngitis and ulceration, communicated the same to his wife. A man with syphilitic ulcer on the lip, communicated a similar sore to his betrothed. A man with syphilitic exanthemata, transmitted it to his wife in an aggravated form. Other instances occur in my case-book. Whether it insures exemption from fresh inoculation or not I cannot say, but think it reasonable.

The development on the skin may be in one of the following forms:

1. *Exanthema.* These eruptions are commonly found on the face, forehead, arms, chest, or abdomen; they are one of the earliest skin complications. The eruption is first red, and latterly copper-colored; they are flat and even in form, hardly amounting to but a simple discoloration of the skin.

2. *Pimples* are also a common eruption, and present some marked points of difference to the ordinary papulæ. In a few days after formation, the top or apex becomes scurfy. They may be of almost any color, and are found in nearly any situation; when situated on the lower extremities, they are frequently more of a copper-color, but in other situations they are commonly either a pale-red, or dark-bluish-red. Ordinarily these pimples are not accompanied by itching, which is generally supposed to be a certain sign of their syphilitic origin; but it is not well to place too much reliance upon it, as they sometimes itch violently.

3. *Psoriasis* is a common complication and assumes a different arrangement from the ordinary variety ; it is disposed in a circular or ring-like manner, and is covered with small scales. When this is present on the palms of the hands, it is very difficult to treat.

These three forms are those most commonly met with on the skin. When it has become more general, the mucous membranes, of the throat principally, will be found inflamed, and not unfrequently the seat of obstinate sores. I have seen them, in many cases, exhibit all the characteristics of the primary sore, and also take the different varieties of these sores. One case I had some months ago, that suffered with ulcers of the phagedenic character all over the inside of the mouth. *Kali bich.* arrested the progress, but made no more impression on the case. He passed out of my hands, and I have never seen him since. There are such a multitude of ailments that take their rise from this prevalent disease, that it would require more room than we have at our disposal to mention them all as they deserve. Suffice it to say that the bones can become affected in almost any form, caries, necrosis, etc. Periostritis, rheumatism, falling off of the hair, inflammation of the lining membrane of the nose, of the conjunctiva, and a long train of diseases including nearly the whole list, may be met with.

Of what is called the *syphilitic cachexia*, YELDHAM speaks as follows : But before quoting him, let me say, that it is in my opinion either an aggravated or neglected condition of a secondary disease, or is of the infantile or congenital variety. He says : " This is the most direful of all the consequences of syphilis. Here the very fountains of life seem to be poisoned. Every function is deranged ; the nervous and physical powers become exhausted ; the countenance becomes sallow ; the surface anæmic ; the flesh flabby ; the body wastes ; the limbs become weak and trembling ; the appetite fails ; and continued nervous fever, night-sweats, and hectic supervene. Conjoined with these symptoms, are commonly found disease of the bones ; tubercles, ulcers, and inveterate skin eruptions, and death may result from general anæmia, or from some internal organ, previously predisposed to disease, becoming disorganized, such as ulceration of the lungs and intestines." To me this all sounds like what I would call a bad case of secondary syphilis.

*Infantile.* — There yet remains to be touched upon, but one other form of venereal disease, viz., *Infantile*, or *Congenital*.

Syphilis exhibited in the case of an infant, who may during or at the time of birth be inoculated from a venereal sore from the mother, is not a true case of infantile syphilis. Such an occurrence is very rare. What we mean by the term is, an hereditary, constitutional taint, due to one or both of the parents having been suffering with the disease at the time of conception.

ERICHSEN says: "The symptoms consist principally of cachexy, with disease of the mucous and cutaneous surfaces." "Syphilitic children being always described as being small, wan and wasted when born; the face especially has an aged look, the features being pinched, and the flesh soft and flabby; the complexion generally has a yellowish or earthy tinge, and these characters continue until the disease is eradicated from the system of the child." Here let me say, that not a year ago, I delivered a woman of a child that at birth weighed ten pounds, and looked in all respects like a perfectly healthy and fine infant. In the course of a month or two, the symptoms of congenital syphilis manifested themselves, and took on the character described by ERICHSEN below.

He goes on to say: "The first local sign that declares itself, is usually a congested condition of the mucous membrane of the nose, giving rise to the secretion of an offensive mucus, and causing the child to make a peculiar snuffling noise in breathing, as if it had a chronic catarrh: this snuffling may exist from the time of birth, but generally comes on very shortly afterwards. The disease manifests itself upon the cutaneous and mucous surfaces, sometimes before or at birth, in other cases not until several weeks have elapsed. The most common period for the recurrence of these signs is about the third or fourth week. The cutaneous eruption usually makes its appearance on the nates, the scrotum, the soles of the feet, and around the mouth: hence on examining a syphilitic child, these parts should be looked at first. It presents itself in three different forms; most frequently as flat tubercles, varying in size from a split pea to a fourpenny piece, smooth, slightly elevated, and of a coppery reddish-brown color. These tubercles are often accompanied by cracks and fissures about the mouth and anus. Though commonly called squamous, they are not in reality scaly, but are always smooth and flat. Intermixed with these, are brownish maculæ or spots, differing in size, and variously figured. The vesicular or bullous eruption is not so common as those first described." "It appears in the form of

vesicles, about the size of a split pea, with a dusky coppery areolar and base; drying into brown scales or scabs, and commonly conjoined with the tubercular affection. These bullæ are most frequently on the soles of the feet."

#### PHIMOSIS.

*Phimosis* is a disease, or a malformation depending upon an unnatural elongation of the prepuce, which may, or may not, be associated with a constriction of the preputial orifice. I consider this disease to be dependent upon non-specific inflammation, or venereal inflammation, or the contraction exercised by a cicatrized chancre, or finally, congenital. When it is congenital, the glans, and the whole organ in fact, is apt to be atrophied, from the constant pressure of the prepuce. When the disease is dependent upon one of the other causes, the accumulation of sebacious matter or smegma may cause trouble of a rather serious nature. In all cases the first and only indication is to reduce this constriction, and restore the natural elasticity of the part. When the malformation is congenital, treatment by our remedies or any other is hopeless. Nothing but operative procedures need be tried. When inflammation is the cause, treatment that will reduce the inflammation will reduce the deformity. Contraction from a healing ulcer, calls for circumcision as in the congenital case. This will be spoken of at the end of the chapter as usual.

#### PARAPHIMOSIS.

*Paraphimosis* is a condition the opposite of *Phimosis* in nearly every respect; like it, it may be produced by inflammations either specific or non-specific; it may be acute or recent, and congenital. The prepuce in this affection is drawn back, and the preputial orifice from some reason has become contracted to an extent precluding the possibility of drawing it back again. From the constriction thus exercised in recent cases, there is more or less swelling and inflammation of the glans, which may terminate in gangrene. Our efforts must first be made to subdue the inflammation, and then an effort is to be made to replace the prepuce without resort to instruments. When an accident like this occurs, the sufferer will use all manner of means to replace the prepuce him-



self, and as his efforts are apt to be very ill-advised and rough, when he finally applies to you, the parts will be found in an inflamed condition that will much embarrass you. The application of cold, and the internal use of *Acon.* or *Arn.*, and perhaps *Bell.*, will be the treatment first called for. For the indications see further on. No attempt at reduction should be made until the inflammation is subdued.

#### BALANITIS.

*Balanitis* is an inflammation of the prepuce, which, when neglected, runs into a diffuse suppuration. The term, however, properly applies to an inflammation of the prepuce alone; when the glans, or the mucous membrane of the glans is similarly affected, the term "*posthitis*" is used. This of course is the most severe of the two conditions, and is more apt to lead to the formation of pus. The pus thus secreted is of bad odor, and of a muco-purulent character. Some writers speak of balanitis and posthitis only as suppurative diseases. I am inclined to think that the terms should be applied to erysipelatous inflammations. The causes are many. Direct injuries of a mechanical nature, the friction of the clothing, the presence of gonorrhœal or syphilitic disease, and a multitude of others; anything, in fact, which might induce inflammation.

#### HERPES OF THE PENIS.

*Herpes* is a skin disease of the vesicular order, which in most cases runs through a regular course of increase, maturation, and decline, terminating in from ten to fourteen days; it is liable to reappear, however, and hence requires careful management. Herpes preputialis is, however, an exceedingly obstinate and annoying complaint, and does not seem to run its course in the same length of time that the other forms do. The following are the most prominent symptoms: A smarting and itching eruption of small vesicles, or of excoriated vesicles, on the mucous membrane of this locality, arising in distinct but irregular clusters, which commonly appear in quick succession, and are near together on an inflamed base. They are generally attended with heat, and considerable constitutional disorder. As in all surgical diseases, so in this more particularly, never in the treatment use any external applications.



## WARTS ON THE GLANDS.

I have come to the conclusion, and do not doubt but that our writers all have, that these excrescences owe their origin to allopathic mercurial treatment. A homœopathist (?) told me once that he had seen the same results in his practice, and therefore did not believe it to be due to mercurial drugging. The treatment he pursued in all syphilitic cases, so he told me, was *Merc. vi* . or *sol.* ; the first decimal, one grain three or four times a day! They are rarely if ever seen as a result of secondary syphilis, and may occur as simple warts, with no venereal taint of any kind. They are not contagious, though there are varieties that are so. They are chiefly found in the angle formed by the prepuce and the glans, and are usually large, vascular, and of a bright-red color. In the female they are found in large cauliflower-looking excrescences, in the vagina. They sometimes grow so rapidly, and exercise such an amount of pressure on the prepuce, that ulceration of this part occurs, followed by sloughing, and the appearance of the growth through the skin. Sometimes this increase in size is inconceivably large. One case came under my notice while surgeon to the Philadelphia College Dispensary, that in the space of a week, from a small excrescence not larger than a grain of ordinary bird-shot, pierced the prepuce and was as large as the point of my little finger. This was due undoubtedly to the action of the remedy, *Thuja*. The allopathic method of burning these excrescences with *Nitrate of silver*, or snipping them off with scissors, should never be practiced. They may exist in great numbers on the same glans, or come singly.

## TREATMENT.

It is the fashion among many who would fain be called homœopaths, to treat chancre with the application of caustics, and to use the preparation of *Mercury* in a shape almost, if not quite, as crude as allopaths. These practices can not be too strongly condemned. There is no earthly reason why our remedies need be any more crude in the treatment of these diseases than any other. Use them at long intervals, and, as in all diseases, do not repeat a dose until the preceding one has exhausted its action. Of course

as much rest as can be obtained, with a total abstinence from coffee and stimulating food, is desirable.

In phimosis, we must address our remedies to removing the cause. If inflammatory and temporary, subdue the inflammation, etc. As said before, when the disease is congenital, my opinion is that it is incurable as far as treatment with remedies is concerned. Some say *Sulph.*, or *Calc.*, will cure it even then. It may. Try it. The same remarks apply equally well to Paraphimosis.

Balanitis will require strict attention to cleanliness, and in this, as in the others, avoid topical treatment. The same may be said of Herpes preputialis, and of warts.

The remedies in common use may be arranged as follows. The list given does not embrace nearly all that may be needed, but they are those most commonly called for :

SYPHILIS IN GENERAL: *Acid nit.*, *Arg. nit.*, *Ars.*, *Arn.*, *Carbo v.*, *Hepar s.*, *Kali bic.*, *Lach.*, *Lyc.*, *Merc. jod.*, *Merc. sol.*, *Merc. viv.*, *Phos. ac.*, *Sepia*, *Sil.*, *Sulph.*, *Thuja*.

—— Primary: *Acid nit.*, *Ars.*, *Merc. jod.*, *Merc.*, *Sulph.*

—— Secondary: *Arg. nit.*, *Aur.*, *Carbo v.*, *Hep.*, *Kali bic.*, *Lach.*, *Lyc.*, *Phos. ac.*, *Sep.*, *Sil.*, *Sulph.*, *Thuja*.

—— Infantile: Same as for Secondary, with the addition of nearly every remedy in the *Materia Medica*.

PHIMOSIS: *Acon.*, *Arn.*, *Bell.*, *Bry.*, *Calc.*, *Cann.*, *Canth.*, *Capsic.*, *Cinnab.*, *Hep. s.*, *Merc.*, *Rhus.*, *Sep.*, *Sulph.*, *Thuja*.

PARAPHIMOSIS: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Lach.*

BALANITIS: *Acid nit.*, *Arn.*, *Aur.*, *Con.*, *Hep. s.*, *Staph.*, *Acon.*, *Bell.*, *Calc.*, *Kreos.*, *Lach.*, *Puls.*, *Rhus.*, *Sep.*, *Sulph.*

HERPES: *Aur.*, *Dulc.*, *Hep. s.*, *Nit. ac.*, *Petrol.*, *Phos. ac.*, *Sep.*, *Sulph.*

WARTS: *Merc.*, *Nit. ac.*, *Thuja*.

The remedies we will consider, will be only glanced at, albeit the array of symptoms is large. But as the secondary and infantile syphilitic diseases present such a multitude of different symptoms, affecting nearly every part of the body, it was found impossible to do more than glance at them, as it would involve copying the whole pathogenesis of each drug. The remedies we shall consider then are as follows: *Aconite*, *Arg. nit.*, *Arn.*, *Ars.*, *Aur.*, *Bell.*, *Bry.*, *Calc.*, *Cann.*, *Canth.*, *Capsic.*, *Cinnab.*, *Con.*, *Dulc.*, *Hep.*,

*Kreas., Lach., Lyc., Merc., Merc. cor., Merc. iod., Nit. ac., Petrol., Phos. ac., Puls., Rhus., Sep., Sil., Staph., Sulph., Thuja.*

**Aconite.** This remedy is used considerably to allay the inflammation consequent upon accidental paraphimosis, and recent cases of phimosis. In balanitis it is often called for when there is itching in the prepuce, and tingling of the genital organs.

**Argentum nit.** Emaciation; prickling, itching in the skin at night; small itching pimples; small pimples itching when scratched; wart-shaped excrescences on the skin; vertigo in the morning, with headache; tumor-shaped, itching elevations on the hairy scalp, and in the nape of the neck; itching and smarting of the canthi; ulcers in the nose, becoming covered with yellow crust; discharge from the nose, resembling white pus, with clots of blood; emission of a few drops of urine after urinating, with a sensation as if the interior of the urethra was swollen; chancres on the prepuce; want of sexual desire; the genital organs become atrophied and shivelled.

*Worse* night and morning; also, on waking, and in the warm room.

*Better* in the open air. Left side.

**Arnica mont.** This remedy is valuable in cases similar to those calling for *Acon.*, when there has been much handling of the parts, and they are dark, red, and hot. Painless or painful eruptions; itching eruptions of spots or blotches on the genital organs; and the skin.

*Worse* in the morning, evening, and night, and periodically; also on blowing the nose, on coughing, from bodily exertion, on moving the part affected, when not swallowing, from talking, on being touched, when walking, and after making water.

*Better* on lying down, from rubbing or scratching, and on getting warm. Right side.

**Arsenic. alb.** Excessive debility; emaciation and marasmus; atrophy of children; burning in the interior of the affected part; spots (blue generally, in different parts of the body; pustules; red pustules, changing to burning, spreading, ichorus, and crusty ulcers; spreading ulcers, and suppurating crusts on the hairy scalp; chronic inflammation of the eyes; nightly agglutination; photophobia; ulcerations in the nostrils, high up, with discharge of fetid and bitter-tasting ichor; sunken countenance; pale, deathly-colored face; bloated, puffed, red face; bluish lips, with

black dots; a brown streak is seen running through the vermilion border of the lips; frequent urging to urinate; involuntary micturition; burning during micturition; inflammation and swelling of the genitals; phagadœnic and gangrenous chancres; swelling of the arms, with black blisters having a putrid smell; spreading burning blisters on the tips of the fingers and toes; copper-colored eruptions on the genitals; burning pimples, or pustular eruptions on the skin.

*Worse* in the evening, and at night, and periodically; also, from cold, bodily exertion, when lying down, and during perspiration.

*Better* when moving the affected part, from warmth, and on getting warm in bed. Either side.

**Aurum.** An excellent remedy for those suffering from secondary disease, who have been under a course of *Mercury*. Low-spirited, desire to die; the bones of the skull are painful when lying on them; exostosis on the head; caries of the mastoid process of the temporal bone, with fœtid otorrhœa; caries of the nose, with offensive discharge of pus from the nose; inflammation of the bones of the face; putrid smell from the mouth, with caries of the palate; ulcers which attack the bones.

*Worse* in the morning; also, on getting cold, and when lying down.

*Better*, from moving, when walking, and when getting warm. Left side principally.

**Belladonna.** Bubos that are large and painful, accompanied by intense inflammation, the integuments presenting a deep red hue, and extending over considerable surface, the redness disappearing on pressure, and returning again as soon as the finger is removed; also useful in phlegmonosus inflammation in phimosis, and paraphimosis. In balanitis it is particularly, and, in fact, in all those cases taking on an erysipelatous. Painful eruptions; eruption like blotches on the genitals; on the skin an eruption of pimples; also painful eruption of pustules.

*Worse*, in the afternoon, evening, and at night; also, when blowing the nose, from cold, on coughing, on getting heated, on moving, especially the part affected, from wet poultices, making water.

*Better*, while lying down. Right side.

**Bryonia alba.** Itching, red, milliary eruption on the glands, also, a biting, burning or itching eruption of pimples on the skin.

**Calcarea carb.** I have found this remedy principally useful in the case of children; it is also good in cases of balanitis, with a thin watery discharge in persons of a strumous habit, who are afflicted with glandular enlargements. Burning of the gland or labia; also of the genitals generally; burning eruptions on the genitals; dry and copper-colored eruptions on the genital organs; biting or corroding eruptions of a chappy appearance on the skin.

*Worse* morning, evening and night; also, when blowing the nose, after coition, when coughing, from wet poultices, from talking, and after urinating.

*Better* after eating, when lying down, and from rubbing or scratching. Right side.

**Cannabis sat.** Swelling, and copper redness of the nose; pale face; eruption in the vermillion border of the lips; inflammatory swelling of the prepuce, with dark redness; the penis feels sore and burnt when walking; rheumatic tearing, as if it were in the periosteum, after walking.

*Worse* from bodily exertion, after a meal, from talking. Right side.

**Cantharides.** Used more particularly in cases of gonorrhœal phimosis. Burning of the labia; itching eruption on the skin; eruption of pimples.

*Worse* in the afternoon and night, and periodically; also, from blowing the nose, from wet poultices, and during and after micturition.

*Better* when lying down, during and after perspiration, from rubbing or scratching. Right side.

**Capsicum an.** Swelling behind the ears painful to the touch; burning blisters in the mouth; fetid odor from the mouth; inflammation, with dark redness and burning of the throat; discharge of blood from the urethra, which is painful to the touch; purulent discharge from the urethra; dwindling of the testes.

*Worse* on beginning to move.

*Better* from continued exercise. Left side.

**Carbo veg.** Syphilitic ulcers with high edges; ulcers that have become irritable from topical treatment; margins of the sore sharp, ragged and undermined, discharge thin, acrid, and offensive; the sore is painful, and liable to bleed copiously when touched; syphilitic ulcers or disease in those who have been



under mercurial treatment; vesicles or blisters on the prepuce burning of the labia; eruption of moist, copper-colored, or red spots; burning eruption on the skin.

*Worse* in the morning, forenoon, and periodically; also, in the open air, on coughing, when getting heated, from talking, on being touched, and in getting warm in bed.

*Better* from cold (?). Either side.

**Cinnabaris.** Sensitiveness of the head to the touch, even the hairs are sore; inflammation of the right eye, with itching, pressing and pricking at the inner angle and lower lids; constant lachrymation on looking steadily, with profuse discharge of mucus from the nose; redness of the whole eye, with swelling of the face; small ulcer on the roof of the mouth, on the right side of the tip of the tongue, and on the tip; swelling of the penis; redness and swelling of the prepuce, with painful itching; violent itching of the corona glandis, with profuse secretion of pus; small shining red points on the glans; blenorrhœa of the glans; sycotic excrescences; violent erections in the evening; profuse perspiration between the thighs when walking; general nervous, uneasy sensation.

*Worse* in the evening, and at night; also, after sleeping.

*Better* in the open air.

**Conium mac.** This is a useful remedy in cases similar to those in which we prescribe *Arnica*, and find no good result. Phimosis or paraphimosis caused or aggravated by contusions, succeeded by inflammation, are very readily cured in many cases by this agent. Aversion to light, without inflammation of the eyes; yellowish color of the eyes; induration of the parotid gland; purulent discharge from the nose; sickly and pale complexion; moist and spreading eruption on the face; gums swollen, blue-red, and bleed readily; excessive pollutions; humid tetters on the fore part of the arm; red spots on the calves, which turn yellow or green.

*Worse* at night, and periodically; also, when standing, when at rest, and when lifting the affected part.

*Better* when the affected part is hanging down, from motion, and when walking. Left side.

**Dulcamara.** Herpes preputialis, bleeding; brown, dry, humid or furfuraceous; painful; red, pale-red, or with a red areolar; round, scaly, and small herpes; suppurating, yellow herpes.

**Hepar sulphur.** This is an invaluable remedy when the patient



comes to you second-hand, and has undergone a "brisk mercurial treatment;" mercurial diseases of the gums; pains in the bones; chancres not painful, but disposed to bleed readily; margins of the ulcers are elevated and spongy-looking, and no granulations in the center of them; buboes following mercurial treatment, when the gums and mouth are inflamed and ulcerated; phimosis with discharge of pus, accompanied by throbbing; the same condition in paraphimosis calls for it; itching of the penis, glans and frænum; ulcers like chancres on the prepuce; humid soreness on the genitals, scrotum, and folds between the thigh and scrotum; in herpes preputialis, when they are humid, inflamed and suppurating; corroding eruption of pustules on the skin.

*Worse* in the morning, forenoon and night; also, when blowing the nose, from cold, when chewing, from moving, talking, swallowing, being touched, and before, during and after urinating.

*Better* during perspiration, and on getting warm in bed. Right side.

**Kali bichromicum.** The bones of the head feel sore; stitches in the bones of the head, as if from a sharp needle; eyelids burning, inflamed, and much swollen; the albuginea of the eyes appears puffy, with yellow-brown points like pin-heads; brown spots on the conjunctiva; profuse secretion from the right nostril; a spot on the right lachrymal bone is swollen and throbbing; the septum ulcerates; round ulcer in the septum; pale yellowish complexion; pain in one of the malar bones; digging pain in the rami of the lower jaw; ulcers with hard edges, smarting, on the mucous surface of the lips; painful ulcer on the tongue; deep excavated sore, with a reddish areola, containing a yellow tenacious matter at the root of the uvula; the fauces and palate presenting an erythematous blush; in the fore part of the palate, are single circumscribed spots, colored red, as if little ulcers were about to form; ulcer on the roof of the mouth with sloughing; ulceration of the uvula and tonsils; itching in the hairy parts of the genitals; the skin becomes inflamed, and small pustules of the size of a pin's head are formed; constrictive pain at the root of the penis; pricking and itching at the glans penis; swelling of the genitals in women; rawness and soreness of the vagina; periodical wandering pains all over the body; small pustules over the body similar to small-pox; they disappear without bursting; pustules over the body or inflamed spots, as big as a pea, with a small black scab in the middle.

*Worse* in the morning, and periodically; also, in the open air, from cold, and during the summer.

*Better* from heat. Right side.

**Kreosote.** Longing for death; low-spirited; painfulness of the scalp, with great falling off of the hair, the scalp is painful when brushing the hair; livid complexion, with swelling of the cervical glands; during micturition burning between the labia; burning of the genitals, with impotence; itching in the vagina, inducing rubbing in the evening, succeeded by swelling of the external parts, with soreness in the vagina when urinating.

*Worse* in the morning; also in the open air, and on moving.

*Better* from warmth.

**Lachesis.** Phagedœnic chancre; has proved useful in paraphimosis when the constriction causes gangrene, or threatened gangrene-eruption on the glans and mons veneris; eruption of pimples on the genital organs; chappy, itching eruption on the skin; yellow color of the whites of the eyes; redness on the point of the nose; scabs in the nose; ulcers in the throat, and on the inflamed tonsils; induration of the prepuce; chancres badly treated with mercury; redness and swelling of the external parts with discharge of mucus in women; excitement of the sexual desire in women; caries of the tibia; flat ulcers on the lower extremities, with blue or purple areola; gangrenous blisters, and ulcers; purple spots on the skin.

*Worse* in the evening and night, and periodically; also, after sleep, and from alcoholic drinks.

*Better* after eating. Left side.

**Lycopodium.** Chancres with raised edges; chancres with all the characters of an indolent ulcer, the margins thick, rounded and prominent, without the slightest appearance of granulations, or if there are any, of a flabby appearance; burning of the vagina; eruptions on the glans; condylomata; elevated, red, smarting eruptions on the genitals; biting, burning, or painless eruption on the skin; syphilitic ulcers in the mouth.

*Worse* in the evening and at night; also, during coition, from bodily exertion, from wet poultices, on being touched, on getting warm in bed, and while urinating.

*Better* when moving the affected part, and when walking in the open air. Right side.

**Mercurius jodatus.** Has been used with good success in cases

of threatened gangrene of the glans in paraphimosis. Depression of spirits; the right side of the septum, and the right nostril are very sore and much swollen; soreness of the bones of the face; dull bruised pain in the right malar bone, radiating into the forehead, and right side of the head, a small spot pulsates and burns like fire; fine bright-red eruption on the roof of the mouth; sharp shooting stitches in the end of the penis through the glans.

*Worse* in the evening; also, during rest, or passive motion.

*Better* from steady pressure in some instances, active motion, or while exercising. Either side.

**Mercurius cor.** By LAURIE, and many others, this remedy is considered almost a specific for venereal diseases. It is certainly a good remedy, but no medicine *can* be a specific. The symptoms given by LAURIE are as follows: Torpid constitutions, followed by *Sulphur* if no benefit resulted; excessive pain, swelling and inflammation; buboes when small, and neither excessively painful, nor much inflamed. Like all his indications, they are vague and unsatisfactory. LIPPE and others, give the following: Swelling of the head and neck; from the ear a discharge of fetid pus; swelling and redness of the nose; ozæna; discharge from the nose like glue, drying up in the posterior nares; perforation of the septum; the gums swell, are covered with a false membrane, become gangrenous and bleed freely; phagedenic ulcers in the mouth, or on the gums and throat, with fetid breath; tonsils swollen, and covered with ulcers; pharynx dark-red, and painful to contact; violent erections, during sleep; the whole arm up to the shoulder is much swollen, red, and covered with vesicles; periostitis in the lower jaw, and necrosis of the upper jaw; swelling of the glands, generally.

*Worse* in the evening, and at night.

**Mercurius sol.** Itching eruptions, with burning after scratching; little red raised spots, with stinging-itching; herpetic spots, and suppurating pustules; eruption resembling greasy itch; dry, rash-like, readily-bleeding eruption; the linen receives a saffron tinge from the imperceptible exhalations of the body; eruption on the head; small elevated scabs between the hairs on the scalp; humid eruption on the hairy scalp; falling off of the hair; inflammation of both eyes; dim-sightedness; fungous excrescences in the ear; swelling of the nose; white clay-colored face; yellow complexion; yellow scurf on the face, with a discharge of fetid

moisture; syphilitic spots and pustules on the face and forehead; soft red swelling of the upper lip; looseness of the teeth; the gums recede from the teeth, and are sore and ulcerated; swollen gums, which bleed easily on touching them; ulcers and sores in the mouth, burning and smarting, particularly in the evening; ulcers in the throat; constant desire to urinate; burning in the urethra during micturition; red, brown or bloody urine; turbid, thick urine; discharge of blood from the urethra; inflammation and swelling of the prepuce; nightly emission of semen, mixed with blood; a number of small red vesicles behind the glans, changing to ulcers, which burst and discharge a yellowish-white, staining, strong-smelling matter; pimples or tubercles on the labia; little blotches and ulcers on the back, scapulæ, and on the abdomen; herpetic eruption on the forearm; small sores on the fingers; herpes on the legs and thighs; chancres with an indurated base and margin, secreting, or covered by a thin tenacious matter; gonorrhœal phimosis, or chancre with phimosis; blisters on the glans; burning of the penis; eruption on the prepuce; condylomata on the prepuce; dry, fine vesicular eruption on the genitals; eruption on all the parts covered with hair, excepting the head; itching eruption of pimples or pustules on the skin; chancres on the glans, prepuce, mouth, and labia.

*Worse* in the evening, and at night; also, on blowing the nose, when moving, from perspiration, when swallowing, on getting warm in bed, and during and after urinating.

*Better* from cold (?). Right side.

**Nitric acid.** Easily takes cold; emaciation; great thinness; a sick feeling over the whole body; epilepsy; dryness and itching of the skin; the hands and feet are swollen; pimples, and dark freckles on the skin; great weakness of memory; vertigo; falling off of the hair; scurfy, itching, and humid eruption on the head; swelling of the eyelids; dark spots on the cornea; photophobia; the sight becomes dim, and objects appear dark; redness, suppuration, and violent itching behind the ears; difficulty of hearing; soreness and bleeding of the inside of the nose; disagreeable smell in the nose; yellow fetid discharge from the nose; yellowness of the face, particularly around the eyes; the bones of the face are painful; a number of small pimples on the face, especially on the forehead; pimples on the hairy border of the temple; pain and swelling of the submaxillary glands; white swollen gums;

ulcers in the mouth and fauces; putrid smell from the mouth; ulcers in the throat; heat and dryness of the throat; want of appetite; great thirst continually; or, excessive hunger, with languor, and sweetish taste in the mouth; sour eructations with nausea; pressing, gnawing, pulsating, or burning in the stomach; suppression of urine; nightly desire to urinate; smarting pain in the urethra, or sore pain in the tip of the glans; pain in the whole urethra during micturition; ulcer in the urethra; itching of the glans; red spots on the glans, becoming covered by scabs; deep ulcer on the glans, with elevated, lead-colored, and extremely sensitive edges; deficient sexual desire; ulcer in the vagina, looking as if covered with a yellow pus, with a burning pain, or itching; copper-colored spots on the arms; herpes between the fingers; swelling of the fingers; spreading vesicles on the feet; itching mercurial herpes preputialis; burning of the testicles; burning eruptions; painful eruptions; condylomata on the glans and prepuce oozing; eruption of pimples on the skin; syphilitic ulcers in the mouth.

*Worse* in the evening, and at night; also, during perspiration.

*Better* when at rest. A useful remedy in mercurial cases. Left side (?).

**Petroleum.** Itching herpes preputialis, especially when occurring in conjunction with gonorrhœa; an eruption on the glans; the scalp is very sensitive on both sides, and sore to the touch, followed by numbness, and very sore on scratching it; discharge of pus and blood from the ear; humid soreness behind the ears; swelling of the nose, and discharge of pus, and pain at the root of it; swelling of the submaxillary glands; ulcers on the inner cheek, painful when closing the teeth; swelling of the gums, with stinging, burning pain when touching it; red, sore and moist scrotum, and adjacent parts; in women, soreness and moisture of the sexual organs; brown or yellow spots on the arms; blisters on the toes becoming ulcers.

*Worse* morning, and in the evening; also, from walking.

*Better* from warmth. Right side.

**Phosphoric acid.** Chancres with raised edges; chancres like an indolent ulcer, edges thick, rounded and prominent; no granulation, or else, pale and flabby granulations; herpes preputialis, which may be red, dry, humid, burning, corroding or itching; blisters on the glans; condylomata on the glans; moist, dry, or



vesicular eruptions on the genital organs; painful eruption of pimples on the skin.

*Worse* in the morning, and evening; also, when chewing, on lying down, from talking, and during urination.

*Better* from moving. Left side (?).

**Pulsatilla.** When from some imprudence in eating or drinking, the sore which was previously doing well, has changed to a bad character again; tumors on the scalp suppurating, and affecting the skull; inflammation of the eye, with thick mucus; flow of mucus or thick pus from the left ear; ulceration of the external wing of the ear, emitting a watery humor; green, fetid discharge from the nose; itching and burning, on the inner and upper side of the prepuce; burning in the testicles without swelling.

*Worse* in the evening, and at night; also, from heat, when lying down and from eating fat food.

*Better* from cold, and when walking in the open air. Right side.

**Rhus toxicodendron.** Blisters (vesicles) on the glans; eruptions on the glans, scrotum and prepuce; moist vesicular eruptions on the genital organs; burning eruptions on the skin; eruptions on the parts covered by hair, excepting the head; itching eruption of pustules on the skin; itching and burning pains in chancres.

*Worse* in the morning; also, from chewing, from cold, from bodily exertion, from lying down, from wet poultices.

*Better* from motion, and from warmth. Right side.

**Sepia.** Indolent chancres, that *Lyc.* and *Phos. ac.* are unable to cure; burning or itching, humid or scurfy herpes preputialis; chappy herpes, with a circular desquamation of the skin; corroding, dry herpes; pricking, yellow suppurating herpes; eruption on the glans and labia; itching and dry eruptions on the genitals; chappy eruption, or itching eruption of pimples on the skin; chancres on the glans and prepuce.

*Worse* in the forenoon, and evening; also, after coition, during perspiration, and on being touched.

*Better* from bodily exertion. Either side.

**Silicea.** Chancres, with raised edges; also those that had been rendered irritable from the free use of topical stimulating treatment, inflamed, painful and irritable chancres, with a discolored, thin and bloody discharge, and absence of, or indistinct, granula-



tions; painful eruptions on the mons veneris; itching, moist, or dry eruptions of red pimples, or spots on the genitals; corroding eruption on the skin.

*Worse* at night; also, from cold, and wet.

*Better* from warmth. Right side.

**Staphisagria.** Humid, scalding-itching, fetid eruption on the back part of the head, the sides of the head, and behind the ears, itching changes the place on scratching, but the eruption becomes more humid; pressing, stinging and tearing pain in the bones, and in the periosteum on the cranium; swelling up, and suppuration of the bones of the head; ulcerations in the nostrils, with scabs deep in the nose; white and painful swelling, with ulceration of the gums; excrescences and nodosities on the gums; painful excrescence on the inside of the cheek; soft, humid sycotic excrescences on and behind the corona glandis; in women the sexual organs are painfully sensitive, especially when sitting.

*Worse* at night; also, from touching the affected parts.

*Better* in the forenoon. Right side.

**Sulphur.** Eruptions on the skin, burning and itching; herpetic spots on the chest and back; dry, fetid and humid eruption on the scalp, with thick crust, yellow pus, and itching; purulent mucus in the eyes; inflammation and swelling of the nose; dry ulcers in and on the nose; pale face, with sunken eyes surrounded by blue margins; painful eruption around the chin; swelling of the gums; hard swelling on the gums, discharging pus and blood; complete loss of appetite, with a bitter or putrid taste in the mouth; violent desire to urinate; frequent micturition; fetid urine; burning in the forepart of the urethra during micturition; stitches in the penis; increased sexual desire; deep ulcer on the glans and prepuce, with a pad-shaped border; troublesome itching of the vulva, with pimples all around; ulcerated vesicles on the feet; urticaria-like eruption on the thighs.

*Worse* at night; also, on getting warm in bed, from bodily exertion, from talking, from wet poultices, and on touching the parts.

*Better* from motion, from warmth, and in dry weather. Left side.

**Thuja occid.** The scalp is very painful to the touch, especially the side on which he lies; the whites of the eyes are blood red; the eye must be very warmly covered, if uncovered it feels as if cold

air was streaming into the head; oozing from the right ear smelling like putrid meat; nose red and hot; red eruption on the nose, at times humid; light brown blotches on the face; flat white ulcers on the lips inside, and in the corners of the mouth; gums swollen and inflamed, with dark-red streaks on them; swelling of the prepuce, with inflammation of the glans; sycotic excrescences on the frœnum and glans, which are oozing; venereal verrucæ on the penis.

*Worse* in the morning, evening, and at night; also, from cold, and the heat of the head.

*Better* from warmth. Left side (?).

Before dismissing the subject of treatment, let me say, that in Phagedenic chancres, when the remedies do not arrest the sloughing process, we must have recourse to strong acid to sponge it out thoroughly; of all the acids, *Nitric* is the best.

In paraphimosis, of the recent acquired variety, an attempt must be made to replace the prepuce, and then give remedies to reduce the inflammation. Seize the body of the penis between the index and middle finger of the right hand, and draw it forward at the same time that pressure is made with the thumbs on the glans.

#### OPERATIONS.

The operations to be noticed, are only two in number, and are of very easy performance. In Phimosis, the old Jewish rite of circumcision, is often required. Seize the prepuce with a pair of forceps, draw it out as far as convenient, then seize it with another pair close to the glans; then with one sweep of the knife, divide all the tissues. When the cut is completed, seize the edge of the mucous lining, and pass a stitch with fine silk or silver wire through it, making it fast to the external skin. By this means there will be no danger of a contracted cicatrix, or an adhesion between the cut surface anywhere. I think this procedure is original with myself.

In paraphimosis, the prepuce is to be drawn back as far as possible, and the edges divided on a director, in one or two places. Cut but a slight niche, and the force necessary to replace it in situ, will extend it far enough. The mucous membrane is to be stitched to the skin in the same manner as in phimosis.

## DISEASES OF THE BLADDER AND APPENDAGES.

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DISEASES OF THE PROSTATE — PERINEAL ABSCESS — URETHRITIS — GONORRHOEA — STRICTURE OF THE URETHRA — CYSTITIS — TUMORS OF THE BLADDER — PARALYSIS OF BLADDER — CALCULI.

### DISEASES OF THE PROSTATE GLAND.

THE PROSTATE GLAND is subject to several diseases. Among the more frequent or common ones, are inflammation, abscess, tumors, and hypertrophy.

*Prostatitis*, like all the diseases of the gland, rarely occurs idiosyncratically, and is most common in connection with, or as a sequence upon gonorrhœa; the gonorrhœal complication is exceedingly common. In forming a diagnosis of this class of diseases, the aid of the finger through the rectum is necessary. In this disease, there is pain deep-seated in the perineum, greatly increased when going to stool by the pressure of the fæces; there is also pain while examining it, due to the pressure of the finger; enlargement more or less, and finally a sense of weight in the perineum. In common with urethral and vesical diseases, there is frequent desire to urinate, with a spasmodic pain accompanying the act. As a pretty constant sign, there is much irritation of the neck of the bladder. Middle-aged men are more liable to this disease than those who are younger.

*Abscess of Prostate* is a common sequence to inflammation of this gland, more especially if the inflammation be due to some injury. When suppuration sets in, the symptoms are similar to its invasion of other parts; a chill more or less severe is succeeded by a remission or total suspension of pain, followed by a throbbing

or pulsating sensation, with an increased sensation of weight in the perineum, followed in turn by a dull, indistinct ache. Now, remedies we all know, may, and often do, cause a suspension of the suppuratory process, but like all mundane affairs, are liable to fail; hence we must not trust to them, but make provision for an early and free evacuation of the pus, under the precautions mentioned at the close of the chapter. In this disease, an amount of injury may be sustained by a spontaneous discharge of pus, that will prove irremediable, hence the importance of an artificial opening, cannot be too strongly impressed upon the mind. By perforation we may have a recto-urethral fistula, a fistula opening into the urethra alone, or into the rectum alone. All these troubles may be avoided by proper care. Suppuration is generally associated with retention of urine, and in the introduction of the catheter to remedy this, it has frequently happened, that the abscess has been ruptured, and the very accident it should be our aim to avoid, has thus by carelessness been brought about.

*Tumors of the Prostate.*—The urethral portion of the prostate, is frequently the seat of tumors of the fibrous or sarcomatous variety, constituting a very obscure, and hence almost incurable disease. Simple hypertrophy, in which the whole gland is enlarged, is only an aggravated case of sarcomatous enlargement, and hence, I am in the habit of speaking of only *one* tumor, the fibrous, preferring to consider the others as partial or lobular hypertrophy. It is of prime importance to keep the bladder comparatively empty, as from the retention of urine caused by the pressure exerted by the enlarged gland, anasarca, extravasation, and a train of like diseases, are often brought about. As said before, it is usually the urethral portion of the gland that is so effected, while the rest may remain perfectly normal. Still I believe there are one or two cases on record, in which the whole body of the gland has been more or less effected. Mr. THOMPSON, an English surgeon, as found in ERICHSEN, page 860, speaks of various kinds (3) of the prostate tumors, and from what he says, I am led to infer that they consist of modified true prostate tissue. One of them—the third—is composed entirely of normal tissue found in the gland, and is a true partial hypertrophy. The symptoms of this condition, as well as true hypertrophy, are thus given by ERICHSEN: “The feeling of a necessity to strain slightly before the urine will flow; and then after the bladder has

been apparently emptied, the involuntary escape of a small quantity of water. The patient finds also, that he is much longer than usual in emptying the bladder, for though the stream flows easily enough so soon as it has begun to escape, yet it cannot be properly projected, the viscus, having to a certain extent, lost its tonicity. About this time, changes begin to take place in the urine, which usually becomes somewhat fetid, though it continues acid, and is often intermixed with more or less viscid, stringy mucus, though in many cases it is clear, pale, and not in anyway altered in character. The symptoms often come on in a very gradual manner, the patient straining and experiencing much difficulty in the extrusion of the urine for months or even years, before retention will occur. As the disease advances, and the bladder becomes less capable of emptying itself, two or three ounces or more, of a residual urine are left, which becomes dark, mixed with adhesive, sticky mucus; and, at last, if the mucous membrane of the bladder falls into a chronic state of inflammation, assumes a milky appearance from the admixture of pus, and becomes horridly offensive, blackening the silver catheter."

In *hypertrophy*, the same symptoms are of course observed. At the point in the urethra, corresponding to the enlarged position of the prostate, it will be found that the urethra has become enlarged, both in capacity and longitudinally. ERICHSEN tells us, that that portion of this canal which traverses the gland, has been found dilated into a pouch, capable of holding two or three ounces of urine, thus constituting a supernumerary bladder. In consequence of this elongation, the neck of the bladder will be found carried upwards and behind the pubes to a considerable extent. Any continued source of irritation predisposes to this condition, and among the most common we might enumerate gonorrhœa, strictures, and hard living. Until the flow of urine is considerably embarrassed by the enlargement, we cannot strictly call this condition a disease. BRODIE, GUTHRIE, and ERICHSEN, and indeed nearly all European writers, consider hypertrophy as a condition peculiar to advanced age, that is after fifty, and so general is this belief held, that as BRODIE says, "that period of life when the hair becomes gray, and scanty, when atheroma begins to be deposited in the coats of the arteries, and when the arcus senilis forms on the cornea, the prostate" is most likely to become increased in size.

## PERINEAL ABSCESS.

ABSCESS in this situation is not uncommon; it is usually the result of a kick or a blow, but is sometimes seen after urethritis. When urethritis is neglected, or badly treated by old allopathy, such a result is very common. After an inflammation has been set up in this situation, a small spot is found to be soft, fluctuating, and the skin over it has changed its hue. The treatment in such cases is almost exclusively instrumental. As the tissues are apt to be dense, and pus deeply seated, at the same time that it discharges through the skin, it will perforate the urethra. Hence, open it freely, and allow all the pus to escape. This had best be done under water, or in such a manner that the air may be excluded from the sac; use *Calendula* to close the wound, but I should use it internally. If all be true that is claimed for *Carbolic acid*, it will supercede anything we have now in use. Should signs of suppuration appear again after pus has once been evacuated, *Merc.* will probably dispel the danger; but should pus form let it out as before. The neglect to do this, from the fact that spontaneous evacuation is effected by sloughing, may result in a urinary fistula.

## URETHRITIS.

*Urethritis*, by some writers, is used synonymously with gonorrhœa. Though there is not much apparent difference between them, yet in reality they are far from being the same. Urethritis is a simple, non-venereal inflammation of the urethra, caused by cold, improper diet, some irritating influence, from a stricture, or from some abnormal condition of the urine. Like gonorrhœa, there is a discharge, but it is less in quantity, and not accompanied by as high a grade of inflammation. Women are frequently troubled with it, who are out of health, or are troubled with leucorrhœa. In cases of a delicate nature, involving the chastity of man or woman, be very guarded in opinion; if an opinion has to be given, rather prefer urethritis than gonorrhœa.

## GONORRHŒA.

*Gonorrhœa* is a venereal disease, and differing from syphilis in every other respect. It cannot degenerate into syphilis nor can



syphilis proceed from it. Furthermore I do not believe that the two diseases can exist at the same time.

It is infectious, readily communicable from one person to another, and not only depending (for infection) upon sexual intercourse, but may be produced by mere contact, from wearing the same clothes, from privy-seats, etc. It is characterized by an inflammation of the urethra, which in the female not unfrequently spreads over all the mucous surface of the internal organs of generation. It is usually an actual local disease for a short time, but soon becomes what is commonly called "general" or "constitutional." There are a multitude of ailments arising from this affection, and it will not be necessary to speak of them; as they are identified with diseases of the same character arising from other causes, I will merely give the names. We have rheumatism, ophthalmia, orchitis, in some cases cystitis, inflammation of the nose, a number of skin diseases, impotence, etc. When the disease has been suppressed by cold, improper treatment, or the like, these secondary ailments are apt to show themselves.

ERICHSSEN, speaking of the symptoms, divides them into three groups, and in this order we will speak of them:

1st. Those "of the Incubative stage, or period of incubation." From three to five days after exposure, these symptoms declare themselves, as an itching, heat, and severe irritation of the organs. The meatus will be found swollen, red, and usually gaping, and when the glans is squeezed a drop or two of pus — like mucus — will be discharged. The commencement of this stage is within the time stated above usually, though it *has* been known to come on directly after infection, and again has been known to be protracted for ten or even fourteen days. It generally lasts for one or two days.

2nd. The symptoms of the second "acute inflammatory stage." One of the most common symptoms of this stage is "*chordee*." In this the penis becomes painfully erected, and is curved or twisted in various ways; the most common way is downwards. The other symptoms: discharge abundant of muco-purulent fluid of all shades of color, from white to yellow or green; pain on urinating; constant, or increased, desire to micturate; thin spiral stream of urine; the whole penis red and inflamed; urethra is swollen, and feels like a cord; and as the lower portion of the urethra becomes affected heat and weight in the anus and perineum will be

complained of. This stage under old-school treatment lasts about a fortnight, under *no* treatment much less time perhaps.

3d. The third, or "chronic inflammatory stage," is characterized by a diminished discharge which becomes thinner and more watery, less inflammation, subsidence or modification of the urinary irritation, although there is smarting during micturition for some time. When this stage has been developed, it may, under bad treatment or neglect, run into a slight discharge of glairy mucus in drops, which has been known to last for years. This is known as "*gleet*." It is claimed by many, that this is not communicable, but it has been often proved that it *is*; and more, will reproduce gonorrhœa.

When treating a person, ensure no gratification of the sexual instincts, abstinence from hearty eating, drinking liquor or coffee, particularly—in opposition to the popular doctrine—make them avoid *gin*, and withal preserve as much quietness as possible. From two to four days will sometimes suffice to effect a cure.

#### STRICTURES OF THE URETHRA.

THIS is a partial or complete closure of the urethra at one or more points, which impedes, and, in some cases, prevents the flow of urine. Usually they are the result of inflammation, or injury.

(a) *Spasmodic Stricture* is so similar, on a superficial examination, to retention of urine from other causes, that it might readily be mistaken for some other urinary disease if the catheter be not employed. The introduction of this instrument, however, will at once decide the matter from the peculiar resistance offered to its passage. I can call no words to mind to express it so well as an "elastic resistance." It usually affects a considerable portion of the canal, and has, I believe, even been known to affect its whole length. Another point in forming the diagnosis will be, that while the catheter or bougie is passed into the bladder with comparative ease, it will be found much more difficult to withdraw it. This form of stricture consists in a spasmodic contraction of the few muscular fibres that enter into the formation of the canal, and may be produced, as ERICHSEN says, by a cold, partaking of acid or irritating food or drink, etc. This form is frequently met with among drunkards, but more especially among beer-drinkers

when it is frequently very severe in its character, and seems to take on a partially congested condition.

(b) *Organic Stricture* may proceed from kicks, blows or bruises, long-continued inflammations, or from sloughing of some portions of its walls. It may appear in any part of the canal, and is more to be dreaded in its effects, if long-continued, than intense inflammation, according to ERICHSEN, who says: "Hence it is of great importance not to allow gleet to run on indefinitely," as gleet and gonorrhœa of long standing often produce this affection. The terms *permeable* or *impermeable* are used for distinguishing the amount of stricture. The terms are improper, if applied to urine alone, as the urine will find its way out of the bladder, if not by one passage by another; but an impermeable stricture as regards the passage of the catheter may very readily exist. These strictures alter the formation of the urethra in a wonderful manner, assuming almost any shape, and, indeed, almost any degree of rigidity. The canal may be narrowed from thickening of the walls, or drawn together by some of the muscular fibres; and this condition may exist only on one side, or include the canal all around. Again, it consists in the formation of tough bands or bridles, extending backwards and forwards across the canal; usually, however, an organic stricture is a thickening of the walls from plastic effusion due to inflammation, and consequently quite amenable to internal treatment. Generally the feeling communicated to the operator in exploring a urethra in this condition, is what may be called an unyielding, gristly one; though they may be quite yielding, but this is rare. The urethra becoming occluded in one place, a false passage is formed in another, and thus much annoyance may be experienced in using the catheter.

(c) *Congestive Stricture*.—This is almost sufficiently described by its name. It is nothing more than a narrowing of the urinary canal from the effects of congestion of the mucous membrane. The spasmodic stricture is either preceded by, or accompanied by, this condition, and thus, in spite of ERICHSEN and other standard authorities, I cannot make up my mind that it is a very well marked separate variety of stricture. The symptoms are those of congestion generally, joined to those of stricture.

## CYSTITIS.

This is an inflammation of one or more coats of the bladder, and may be either acute or chronic. When chronic, it is called by many "cysorrhœa," and by others "vesical catarrh;" others, again, use both names, but attach a different meaning to each. For my own part I consider all the terms as applying to the same condition, only indicating the degree of disease. However, as the symptoms differ somewhat in each variety, we shall notice them under the three divisions.

(a) *Cystitis* is an *acute* inflammation of the bladder. It is characterized by pain and swelling in the hypogastric region, the emission of urine painful and (or) obstructed, with more or less of tenesmus vesicæ. Any one, or all, of the membranes may be affected, but the mucous coat is the one most commonly inflamed. The bladder is very irritable, and considerable pain is experienced on pressure over the organ; considerable constitutional irritation is also present. The urine is found to be high-colored, mixed with pus or mucus, and frequently tinged with blood. The disease may terminate fatally, or pass into a chronic form and terminate by resolution. An autopsy, when death results, will in general reveal a state of inflammation passing into one of gangrene; diffuse peritonitis; the formation of pus in the substance of the organ, or between it and the rectum; more or less thickening of the walls of the bladder; and in many cases an effusion of urine into the cavity of the pelvis, particularly when the disease is of traumatic origin. It is worthy of notice, that the idiopathic form of cystitis is very rare, nearly every case being the result of injury.

One case I had which differed somewhat from that ordinarily seen. The inflammation terminated in gangrene, which also resulted in sloughing and entire destruction of the viscus, which, producing extravasation of urine into the cavity of the pelvis, caused death by suppuration and peritonitis.

(b) *Cystorrhœa*. This is sometimes called "chronic cystitis," and is characterized by a copious discharge of mucus from the bladder, passing out with the urine, and generally attended with dysuria. The majority of the symptoms, therefore, are nearly identical with cystitis, only in a more aggravated form. The lining membrane of the bladder is the coat usually affected.

(c) *Vesical Catarrh* is very similar in many respects to the last mentioned. The symptoms are, a constant desire to urinate, the urine having an ammoniacal and fetid odor, mixed with a large quantity of stringy glutinous mucus, which gives it a turbid appearance. On being allowed to stand it separates into two parts, the upper part being clear, but the lower is composed of a thick mucus or pus, which sticks tenaciously to the bottom of the vessel, and on being poured out hangs in long stringy masses from the edges. The urine is also frequently mixed with urinary deposits, commonly of the phosphatic variety. This condition is accompanied by local irritation and constitutional debility. Death is often the result of this form, and the signs of its approach are thus described by ERICHSEN: "The tongue becoming brown, the pulse feeble, and these are usually associated with urinary poisoning of the blood, the mental manifestations becoming dull and obscured, and the body emitting a strong urinous odor, and the skin a dense clammy sweat."

#### TUMORS OF THE BLADDER.

Tumors of the bladder are fungous or polypoid in their character, and may be also either benign or malignant. The symptoms often resemble stone so closely, that some of our most distinguished surgeons have made that error in forming a diagnosis. Usually the symptoms are, pain on urinating, tenesmus vesicæ, bloody or high-colored urine, deposition of a sediment in the vessel, and lastly, a sudden stoppage of the stream when urinating. If it be malignant, the same, or nearly the same symptoms may be looked for, with an increased amount of general or constitutional disturbance. It often happens that these growths become encrusted with urinary deposits, and from this fact the *click*, supposed to be characteristic of stone, can readily be produced by introducing the sound. This deception is further increased in the case of polypi, and more particularly if the pedicle be long, by the sound apparently passing completely around the foreign body, just as it would if it were stone. Under these circumstances many people have been cut for stone, and the mistake not been discovered until the bladder had been opened. Even if this operation has been performed under this mistaken diagnosis, it is not such a *very* mortifying occurrence, for the probabilities are, that when a



tumor has become so encrusted with deposits, and taken on other signs of stone, that no treatment but that of a mechanical nature would cure the case. Still, such a grave operation should seldom be attempted in such cases. Usually the diagnosis is sufficiently easy, from the fact that all the symptoms of stone are present, except the click on striking it with the sound. Again, the sound cannot be passed completely around it, from the obstruction of the pedicle, or attachment of other nature. Still, in opposition to what has been said above, this diagnosis may be complicated, as stone may be soft and give no click, or it may be encysted, and thus the sound cannot pass around it. But in the cancerous varieties, we have two good symptoms, and one of them is quite infallible. Bloody urine, but above all, the presence of *cancer cells in the voided urine*.

*Hæmaturia* is a discharge of urine mixed with blood, or, more properly, of pure blood, and is a frequent accompaniment of these carcinomatous tumors. It may proceed from congestion of one or both of the kidneys, from intense inflammation of the bladder, or from some injury attended by the rupture of some one of the blood-vessels of this viscus. It has been met in some cases so profuse that the whole cavity of the bladder has been filled by a semi-solid clot. Under these circumstances it becomes necessary to break up the clot, and thoroughly cleanse out the bladder.

#### PARALYSIS OF THE BLADDER.

This is a loss of power in a part or whole of the bladder. It may occur with retention of urine, or the opposite condition, incontinence, depending upon the *part* of the organ involved. When the body of the viscus retains its normal condition of health, and the neck has lost its contractility, incontinence results from inability to retain the urine. On the other hand, when the body is paralysed, and the neck is in a natural condition, from the want of power to expel the urine, retention occurs. The *causes* of paralysis are various, and may be any of those producing the same condition in other parts of the body. Thus, momentary, or temporary paralysis, may succeed after the organ has been over-distended for some time. Again, an injury may produce a like result, from some violence done directly to the nerves. *Permanent* paralysis, *i. e.*, that which calls on outside or medicinal aid for its



removal, and not capable of relieving itself, may be consequent upon old age, or result from some violent mental emotion, as anger, grief, joy, etc. What is commonly called incurable paralysis, comes from an injury sustained by the spinal cord, in which everything supplied by these nerves below the seat of injury becomes paralysed. The curability of this kind depends upon the nature of the injury sustained. If a sharp instrument severs the cord completely, no relief is probable; but if pressure from a dislocated vertebra, or some tumor is the cause, removal of this pressure will often restore the lost functions to the paralysed parts. The *apparent* discharge of urine must not be considered as conclusively proving that there is no retention. In the summer of 1864 I had a case of an old gentleman, who, after a violent fit of anger, fell down completely paralyzed below the hips. He never suspected, nor would he believe, that there was a retention of urine, because, as he said, "the water is continually dripping away." On passing the catheter, the enormous quantity of half a gallon of urine was voided.

The retention of urine from paralysis can be readily distinguished from the same condition from other causes by the introduction of the catheter: when the urine runs out in a continuous stream, without any force, merely *running* out of the catheter, there is surely paralysis of the body of the bladder. But it may run out with a decided impulse from the bladder, and there be still a paralysis of the neck of that organ. This condition is known by the constant dribbling, and by the absence of that slight resistance offered to the passage of the catheter by the neck of the bladder in a healthy condition. This resistance is very slight, and to an inexperienced surgeon would not be at all noticed.

Long continued retention will prove very serious, and perhaps fatal, if neglected; infiltration of urine, or, as in cystitis, urinary blood-poisoning may occur. Hence no physician or surgeon is justified in neglecting to use the catheter as often as occasion requires it, to relieve his patient. Prof. TROUSSÆU says that anasarca had been frequently met with by him, resulting from over-distension of the bladder. Many others corroborate this, and declare that the introduction of the catheter will solve the question, as the dropsy disappears when the bladder is emptied. (*Medical Investigator*, vol. II, p. 114.)

I cannot speak too strongly when I say the willful neglect to use the catheter in these cases is criminal, and mal-practice. I once knew a physician who made the silly boast that no instrument could be found in his office; he allowed a patient to die from rupture of the bladder sooner than depart from his ridiculous views on the subject of mechanical treatment.

#### CALCULI.

These are true *stones*, found in the bladder or some of the urinary canals or passages. They are formed by the crystalization of some of the urinary salts. They are met in any cavity where the urine can collect and, as it were, stagnate.

(a) *Renal Calculi*, are irregular bodies, formed generally of uric acid, animal matter, and oxalate of lime. They are sometimes excessively painful. The symptoms generally are, pain in the kidneys, bloody or turbid urine, and the usual symptoms of inflammation of the kidneys.

(b) *Uretal Calculi* are the same formation as the renal, and take their distinctive name only during their passage from the kidneys to the bladder. They commonly give rise to the most excruciating pain, which extends to the testicle of the same side, and is productive of numbness of the thighs in both sexes. There are cases, however, in which they do not cause any unpleasant symptoms; unless they are large, rough, and fill up the cavity of the ureter, so as to obstruct the passage of the urine, they are usually painless. Hæmorrhage is often the result of one of these passages when the stones are jagged and rough, wounding the mucous membrane. If there be any apology for the use of *morphia*, *chloroform*, or *ether*, in the practice of medicine, as merely palliative treatment, it is certainly in cases of this kind. When there is any pain at all, it is usually of the most intense character, and I do not believe remedies do much good in mitigating it. To be sure, we give remedies, but the pain ceases only when the passage of the stone is completed.

(c) *Vesical Calculi* may be formed in the bladder, or may come from the kidneys. The symptoms are, a sense of weight in the perineum; on changing the position there is often a feeling as if some body were rolling in the bladder; during micturition, a sudden stoppage of the stream; bloody urine; pain or itching at

the tip of the glans, are all among the common symptoms. It is probably as difficult to form a positive diagnosis in these cases as in any disease known to medicine or surgery; so many conditions resemble it in so many particulars, that too much caution cannot be exercised. All the symptoms must be added to those elicited by the use of the sound. They may be found singly, or two or three together; and of all sizes, from that of a pea to that of a pigeon's egg. When small they are often expelled with the urine, or may lodge in the urethra, and in their new situation constitute the fourth variety, or the

(d) *Urethral Calculi*. These are readily distinguished by the presence of a small movable tumor, the history of the case, and the use of a sound or catheter. Care must be taken not to push the stone back into the bladder, as it will probably there form a nucleus for a larger one. Remove with a pair of long forceps, or if far back use the proper urethral forceps. If nothing else will do, remove it by an incision.

DUNGLISON has arranged the following table, which, as it gives the chemical composition and other facts of interest, has been deemed worthy of copying:

<i>Species of Calculi.</i>	<i>External Characters.</i>	<i>Chemical Composition.</i>	<i>Remarks.</i>
<b>1</b> LITHIC, OR URIC.	<i>Form</i> , flattened oval. <i>S. G.</i> , generally exceeds 1,500. <i>Color</i> , brownish or fawn. <i>Surface</i> , smooth. <i>Texture</i> , laminated.	It consists principally of lithic acid. When treated with Nitric acid a beautiful pink substance results. Is very slightly soluble in water; abundantly so in pure alkalis.	The prevailing species. Surface sometimes occurs finely tuberculated. Often the nuclei of the other kinds.
<b>2</b> MULBERRY.	<i>Color</i> , dark brown. <i>Texture</i> , harder than others. <i>S. G.</i> , from 1,428 to 1,976. <i>Surface</i> , studded with tubercles.	It is oxalate of lime, and is decomposed in the flame of a spirit-lamp, swelling out into a white efflorescence, which is quicklime.	These include some varieties which are smooth, and pale-colored, like the hemp seed.
<b>3</b> BONE - EARTH.	<i>Color</i> , pale brown or gray. <i>Surface</i> , smooth and polished. <i>Structure</i> , regularly laminated, easily separating into concrete crusts.	Principally Phosphate of lime; soluble in Muriatic acid.	
<b>4</b> TRIPLE.	<i>Color</i> , generally brilliant white. <i>Surface</i> , uneven, studded with shining crystals, less compact than No. 3. Between its laminae, small cells, filled with sparkling particles.	It is an ammoniaco - magnesian Phosphate, generally mixed with Phosphate of lime. Pure alkalis decompose it, extracting its Ammonia.	This species attains a larger size than any of the others.
<b>5</b> FUSIBLE.	<i>Color</i> , grayish - white.	A compound of the two foregoing species.	Very fusible, melting into a vitreous globule.
<b>6</b> CYSTIC.	Very like the triple calculus, but is unstratified, more compact, and homogeneous.	Consists of cystic oxide; under the blow - pipe it yields a peculiar fetid odor. Soluble in acids or alkalis, even if they are full of Carbonic acid.	A rare species.
<b>7</b> ALTERNATING.	Its section exhibits different concentric laminae.	Compounded of several species, alternating with each other.	
<b>8</b> COMPOUND.	No characteristic form.	The ingredients are separable only by chemical analysis.	

The causes are obscure, and ERICHSEN rightly supposes they are constitutional. They seem to be more frequently met with in certain countries and regions than in others. People so disposed are liable to have the most trivial things culminate in stone. Thus, a clot of blood has served as the beginning for stone; so, also, the fragments remaining after crushing a stone in lithotripsy, form, in some cases, perfect stones again.

TREATMENT.—In regard to the treatment of the diseases mentioned in this chapter, I would say that they are all amenable to treatment with the higher potencies, just as other diseases are, with two exceptions. I refer to organic stricture, and stone. Many of our most eminent practitioners claim the same amount of success in their treatment however, as in any other, and I am unwilling to give a positive opinion *pro* or *con*. My own belief is, that in the case of stone, remedies may prevent the increase in size of an already existing stone, but cannot produce or promote a re-absorption. It would be well if those who attempt to deny this would consider the difficulty in telling positively when a stone is present; for how can a man say he has cured stone when he cannot be certain there was ever a stone in the bladder? The remedies to be employed in these diseases are as follows:

*Acetic ac.*, *Acon.*, *Ant. c.*, *Apis*, *Arn.*, *Ars.*, *Aur.*, *Baryta*, *Bell.*, *Borax*, *Bry.*, *Calc. c.*, *Cann.*, *Cann. ind.*, *Canth.*, *Capsic.*, *Carbo. v.*, *Caust.*, *Cham.*, *Chin.*, *Cinnamon*, *Clem.*, *Cocc.*, *Coff.*, *Coloc.*, *Con.*, *Copai.*, *Dig.*, *Dulc.*, *Erig. can.*, *Ferr.*, *Gelsem.*, *Graph.*, *Hell.*, *Hepar.*, *Ham.*, *Hyos.*, *Ign.*, *Iod.*, *Kali c.*, *Lach.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Nux v.*, *Opi.*, *Petrol.*, *Petros.*, *Phos.*, *Plat.*, *Plumb.*, *Puls.*, *Rhus*, *Sarsap.*, *Secale*, *Selen.*, *Sil.*, *Stan.*, *Staph.*, *Stramon.*, *Sulph.*, *Thuja*, *Verat.*, *Zinc*.

A clinical index of them may be arranged as follows:

PROSTATITIS: *Acon.*, *Apis.*, *Cann.*, *Lyc.*, *Merc.*

—— Gonorrhœal: *Acon.*, *Calc.*, *Canth.*, *Cap.*, *Graph.*, *Merc.*,  
*Puls.*, *Rhus*.

PROSTATE: Abscess of: *Hep.*, *Merc.*, *Sil.*

—— Tumors of: *Acon.*, *Aur.*, *Con.*, *Cap.*, *Merc.*, *Nit. ac.*, *Puls.*,  
*Sulph.*, *Thuja*.

—— Hypertrophy of: *Acon.*, *Arn.*, *Cap.*, *Merc.*

—— from a stricture: *Acon.*, *Bell.*, *Bry.*, *Hep. s.*, *Merc.*,

—— from a blow: *Arn.*, *Con.*, *Staph.*

PROSTATE: Hypertrophy of: from mercury: *Aur.*, *Carb. v.*, *Hep.*,  
*Nit. ac.*, *Thuja*.

—— from scrofula: *Baryta*, *Calc.*, *Sulph.*

—— idiopathic: *Arn.*, *Plat.*, *Sulph.*, *Calc.*, *Iod.*, *Staph.*

URETHRETIS: *Acon.*, *Puls.*, *Canth.*, *Lyc.*, *Rhus*, *Bell.*, *Apis*.

GONORRHOEA: *Acon.*, *Apis.*, *Arn.*, *Cann. ind.*, *Capsic.*, *Copai.*, *Gel.*,  
*Merc.*, *Petros.*, *Rhus.*, *Selen.* [HALE says: *Cauloph.*, *Hyd.*,  
*Hamam.*, *Iris*, *Erigeron*, *Senecio*.]

GLEET: (see GONORRHOEA). [HALE adds: *Collinson*, *Hydrastis*,  
*Erigeron can.*, *Silphium*, *Eupat. pur.*]

STRICTURE: Spasmodic: *Canth.*, *Carbo. v.*, *Clem.*, *Con.*, *Cap.*, *Dig.*,  
*Lach.*, *Lyc.*, *Nux v.*, *Puls.*, *Sulph.*

—— Spasmodic, in drunkards: *Hum. lup.*, *Nux v.*, *Bell.*

—— Organic: *Borax*, *Ars.*, *Calc.*, *Carbo. v.*, *Graph.*, *Petrol.*,  
*Rhus*, *Sulph.*

—— Congestive: *Acon.*, *Arn.*, *Bell.*, *Canth.*, *Con.*, *Merc.* [HALE:  
*Hydrast. can.*]

CYSTITIS: *Acon.*, *Ars.*, *Calc.*, *Canth.*, *Dig.*, *Dulc.*, *Hyos.*, *Nux v.*,  
*Puls.*, *Sulph.*, *Ant. c.*, *Caps.*, *Carbo. v.*, *Hell.*, *Kali*, *Merc.*,  
*Phos.*, *Verat.* [HALE: *Hydrast.*, *Erigeron*, *Verat. vir.*]

TUMORS OF THE BLADDER: *Acetic ac.*, *Calc.*, *Carbo. v.*, *Secale*.

HÆMATURIA: *Arn.*, *Calc.*, *Cinnam.*, *Con.*, *Erigeron*, *Staph.* [HALE:  
*Eupat.*, *Hamam.*]

PARALYSIS OF THE BLADDER: From a blow: *Arn.*, *Con.*, *Staph.*

—— From passion: *Acon.*, *Cham.*, *Coloc.*, *Hyos.*, *Ign.*, *Nux v.*,  
*Phos.*, *Puls.*, *Staph.*

—— From fright: *Acon.*, *Ign.*

—— From joy: *Coff.*, *Puls.*

—— From grief: *Ign.*, *Staph.*

—— From apoplexy: *Arn.*, *Baryta.*, *Bell.*, *Nux v.*, *Stan.*, *Zinc.*

—— From debility, or loss of fluids: *Baryta.*, *Chin.*, *Ferr.*, *Sulph.*

—— From over-distension: *Ars.*, *Arn.*, *Canth.*

—— With incontinence: *Caust.*, *Puls.*, *Rhus.*

—— With retention: *Arn.*, *Canth.*, *Lyc.*, *Stram.*

—— With gangrene: *Ars.*, *Lach.*, *Secale*.

—— With constipation: *Bry.*, *Carbo. v.*, *Caust.*, *Cocc.*, *Hyos.*,  
*Kali*, *Nux v.*, *Opi.*, *Plumb.*, *Secale*, *Sulph.*, *Zinc.* [HALE: for  
paralysis in general: *Gelsemin.*]

CALCULI: *Acon.*, *Arn.*, *Ars.*, *Con.*, *Hep.*, *Lyc.*, *Sarsap.*, *Sulph.*,  
*Calc. c.* [HALE: *Eupator. purpur.*]



**Acetic acid.** This remedy should not be introduced, perhaps, but as said in one or two former chapters, it is highly spoken of by those who have used it empirically, in the treatment of cancer. I used it in one case of open cancer of the breast, but could not see that it exerted any curative influence.

**Aconite nap.** Painful, anxious urging to urinate; difficult and scanty emissions of urine; brown, burning urine, with brick-colored sediment; burning and tenesmus of the neck of the bladder; itching of the prepuce; pinching and piercing in the glans on urinating; pain in the scrotum, as if contused; tingling of the genitals; increased sexual desire.

*Worse* in the night; also, when in a warm room.

*Better* in the open air, and when sitting still.

**Antimonium crud.** Increased and frequent discharge of urine at night, with discharge of mucus, burning in the urethra, and pain in the small of the back.

*Worse* at night; also, after eating, from bathing, and in the sun.

*Better* during rest, and in the open air.

**Apis mel.** Strangury; urine scanty, and high-colored; too profuse discharge of urine; burning and smarting in the urethra, as if it were scalded; burning and stinging in the urethra; sexual desire increased.

*Worse* in the morning, evening, and at night; also, from heat, especially in a warm room.

*Better* from the application of cold water.

**Arnica montana.** Tenesmus from spasms of the neck of the bladder; involuntary discharge of urine at night, when asleep, and during the day, when running; urine brown-red, with brick-dust sediment; bloody urine; frequent micturition of pale urine; painful swelling of the spermatic cord, with stitches in the abdomen.

*Worse* in the morning.

*Better* from motion.

**Arsenicum alb.** Suppressed, or difficult micturition; urine is bloody and burning; involuntary discharge of burning urine; urine is turbid and greenish; dark brown urine, which is turbid when leaving the bladder, and does not become clear by standing; sometimes deposits a slimy sediment; hæmaturia during micturition; burning during micturition, sometimes at the commencement only; contracting pain in the left groin; biting and tearing in the urethra; corrosive itching of the penis; excessively painful

swelling of the genitals, with inflammation; discharge of prostatic fluid during stool; useful in threatened gangrene, or the invasion of suppuration.

*Worse* at night; also, from cold.

*Better* from warmth in general.

**Aurum met.** Painful retention of urine, with pressure in the bladder; passes more urine than corresponds to the quantity of water he drinks; increase of sexual desire; suicidal monomania is very marked (in gonorrhœal orchitis).

*Worse* in the morning, and at night; also, from cold, and while reposing.

*Better* from moving, when walking, and on getting warm.

**Baryta carb.** Supposed by some to be useful in tumors of, and hypertrophy of the prostate, but I have never derived the least benefit from its use.

**Belladonna.** Retention of urine; difficult discharge of urine, and then a discharge of a few drops of bloody urine only; urine is scanty, fiery-red, or dark and turbid; continuous dropping of urine; paralysis of the sphincter vesicæ; stricture of the urethra; stitches in female sexual organs, with dryness of the vagina.

*Worse* in the afternoon, evening, and at night; on moving, on touching the parts.

*Better* while standing.

**Borax.** Frequent discharge of acrid-smelling urine; very much used in organic stricture of the urethra.

**Bryonia alba.** Diminished secretion of hot, red urine; white and turbid urine; burning in the urethra when not urinating; cutting in the urethra, or sensation of constriction when urinating; while sitting, stitches in the testicles.

*Worse* in the evening; also, from motion, and from heat.

*Better* while lying down, and on getting warm in bed.

**Calcarea carbonica.** Chronic cystitis; dark-brown urine, with white sediment; burning in the urethra during urination; urine with a bloody sediment; bloody urine; fetid or pungent smell to the urine, which is very clear and pale; acrid smell to the urine.

*Worse* in the morning, and in the evening; also, in wet weather, and in the cold air.

*Better* from drawing up the limbs.

**Cannabis sat.** Painful discharge of drops of bloody urine;

lacerating as if in the fibers of the urethra; itching, tingling stitches in the fore part of the urethra; burning stitches in the back part of the urethra during urination; pain during micturition from the meatus to the bladder; darting stitches in the urethra when standing; the urethra is painful on touching it, through the whole length; priapism, and chordee followed by stitches in the urethra; painful discharge of mucus; no sexual desire; the prepuce itches, and is dark-red, hot, and inflamed; continuous burning of the whole prepuce and glans; when walking the penis feels sore and burnt; sense of pressure in the testicles, a sort of dragging when standing; corrosive burning and stinging of the outer parts of the prepuce, edges of the glans, and of the meatus; tensive pain in the spermatic cord when standing, with contraction of the scrotum.

*Worse* in the forenoon, and at night; also, when standing, and on urinating.

*Better* when lying down.

**Cannabis indica.** This remedy I have used a great deal, and with good success, when the symptoms were as follows: gonorrhœa, unaccompanied by pain; slight tingling, with inflammation around the meatus; also a slight burning during micturition; the discharge is yellowish-white, and very profuse. These symptoms are those that I have often cured with the remedy, and are given on my own authority. To them I would add one that does not often occur in gonorrhœa, but is a good "key-note" for the remedy: a feeling of intoxication, light-headedness, inability to fix the mind upon anything; objects appear distinct, but as if a long way off.

**Cantharides.** Violent cutting in the urethra, before and after micturition, so excessive that the patient is obliged to bend double and scream; hæmorrhage from, with violent cutting pain in the urethra; painful emission of a few hot drops of urine; violent and excessive pain in the bladder; heat and burning in the bladder; pain in the neck of the bladder; paralysis of the neck of the bladder; suppression and retention of urine; constant and violent desire to urinate, with a painful emission of only a few drops; tenesmus and strangury of the bladder, with discharge of drops of blood; frequent micturition, sometimes scanty, sometimes profuse discharge; red, or bloody urine; painful passage of urine, with much tenesmus, and either mixed with sand, full of mucus or hot and turbid; bloody discharge from the urethra.

*Worse* in the afternoon, and at night; also, from drinking coffee.

*Better* when lying down.

**Capsicum an.** Tenesmus of the bladder; frequent unsuccessful desire to urinate; burning urine, with burning-smarting in the urethra after urinating; the urethra is painful to the touch; urine deposits a white sediment; violent erections and white sediment in the morning early; chordee which can only be appeased or subdued in cold water; purulent discharge from the urethra; impotence.

*Worse* in the evening and at night; also on beginning to exercise.

*Better* from continued exercise.

**Carbo veg.** Greatly diminished emission of urine; great desire to urinate, the urine, however, passing off very slowly; dark-red urine, as if mixed with blood; burning or smarting in the urethra when urinating; lacerating or drawing in the urethra after urinating; acrid smell to the urine; reddish turbid urine; the urine deposits gravel, or red sediment.

*Worse* in the morning, and forenoon; also from cold, and in wet weather.

*Better* from lying down, and on loosening the garments.

**Causticum.** Frequent and urgent desire to urinate, with thirst, and scanty emission; involuntary emission of urine by day and night; at night when asleep, when coughing, sneezing or walking, an involuntary emission of urine; burning in the urethra when urinating; itching of the orifice of the urethra.

*Worse* in the evening; also in the open air.

*Better* from heat, and when in bed.

**Chamomilla.** Ineffectual urging, with anguish during micturition; the urine is hot, with flocculent sediment; turbid urine; smarting pain in the urethra, during micturition; itching, stinging pain in the margin of the prepuce; soreness of the border of the prepuce; excited sexual desire.

*Worse* at night; also from the heat of the bed, and after taking cold.

*Better* after perspiration, and on rising from the bed.

**China off.** Urine is dark, turbid and scanty; scanty urine, of a greenish-yellow color, and with a brick-dust sediment; frequent micturition; burning at the orifice of the urethra, especially painful if the clothes rub against the parts; stitches in the urethra;

sexual desire excited, with lascivious fancies; impotence, with excited lascivious fancy.

*Worse* at night; also from touching the parts, however softly.

*Better* on rising from the bed.

**Cinnamon.** This remedy is used in hæmaturia a great deal by some, but, I believe, its use is altogether empirical.

**Clematis erecta.** Long-lasting contraction, and constriction in the urethra; spasmodic stricture, in which the urine is only emitted drop by drop; frequent micturition, but little at a time; great burning at the commencement of urination; painful drawing in the spermatic cord, when urinating; the urethra is painful to the touch.

*Worse* at night; also from the heat of the bed.

**Cocculus ind.** Tensive aching pain in the orifice of the urethra, between the acts of micturition; also itching and stinging near the fossa navicularis; frequent desire to urinate, with small discharges; watery, pale urine; increased excitability of the genitals in men.

*Worse* in the evening; also from eating, and sleeping.

**Coffea cruda.** The sexual organs are very much excited, but without emission of semen; emission of a large quantity of urine at midnight.

*Worse* in the morning, and at night; also in the open air.

*Better* from cold water applications.

**Colocynthis.** Frequent tenesmus vesicæ, with but small discharges; urine is fœtid, soon thickens, and is viscid, like jelly; abundant micturition; urine of a faint, flesh color, with a white-brown, flocculent, transparent sediment, depositing on the chamber small, red, hard, solid crystals, which adhere firmly to the vessel; itching of the orifice of the urethra, with desire to urinate; burning in the urethra after micturition; retraction of the prepuce behind the glans during sleep; impotence.

*Worse* in the afternoon, and in the evening; also from motion.

*Better* from bending double, and (temporarily) from drinking coffee.

**Conium mac.** Urgent desire to urinate, every half hour; cutting pain in the urethra when emitting the urine; sharp pressing in the bladder, and burning in the urethra; strangury; the flow of urine suddenly stops, and continues after a short interruption; the urine is thick, white and turbid; bloody urine; after urinating, burning



in the urethra, and pressure in the neck of the bladder with stitches; pressure on the bladder; frequent micturition during the night, it cannot be retained.

*Worse* in the morning, and at night; also while standing, when at rest, and from masturbation.

*Better* from moving, and when walking.

**Copaiva off.** Constant weakness of the sexual organs; loss of sexual desire; burning and sensation of dryness in the region of the prostate gland, and in the urethra; induration of the prostate gland, and great pain in it on urinating; yellow purulent gonorrhœa; itching, biting and burning in the urethra, both before and after urination; constant, though ineffectual desire to urinate; retention of urine.

**Digitalis purp.** Pressure on the bladder; violent unsuccessful desire to urinate; continued desire to urinate, only a few drops being emitted each time; the urine is dark-brown, hot, and burns on being passed; contractive pain in the bladder during micturition; pressing and burning in the centre of the urethra on urinating; acrid urine; alternation of diminished secretion of urine, with copious secretion of watery urine; enuresis with vomiting and diarrhœa.

*Worse* from getting heated, and on moving.

*Better* when sitting down.

**Dulcamara.** Urine turbid and white; strangury; painful micturition; chronic cystitis; constant desire to urinate, with an unpleasant sensation of bearing down towards the vesical region and urethra; emission of urine, drop by drop, which deposits a slimy sediment; urine mixed with sanguinolent corpuscles; turbid or white urine; sediment in the urine sometimes white, and again red; red and burning urine; enuresis.

*Worse* in the evening; also when at rest, from cold, and in wet weather.

*Better* from moving about, and in a warm air.

**Erigeron can.** An excellent remedy for hæmorrhages from the bladder or urethra. Like many of the "New Remedies," it has only been used empirically.

**Ferrum met.** Discharge of mucus from the urethra after a cold; involuntary micturition, particularly in the day time; nocturnal emissions; swelling and indurations in the vagina.

*Worse* in the morning, and the latter part of the night; also when at rest.



*Better* from slow exercise.

**Gelseminum nitid.** Frequent micturition; genitals (in men) cold and relaxed; involuntary emissions with erections; painful redness of the urethra; DR. DOUGLAS, of South Carolina, records a case in the "Review," of gonorrhœa of several months standing being cured by this remedy; as it has been copied in everything written on this subject since that time, it is unnecessary to quote it here. It is used empirically a great deal.

**Graphites.** Anxious, painful desire to urinate, with discharge of small quantities of brown urine in drops, with a stitch in the urethra when emitting it; sour-smelling urine; the urine becomes very turbid, with a reddish sediment; during micturition pain in the os sacrum; wetting the bed at night; nightly desire to urinate; frequent micturition; in men, tension and lascivious feelings in the genitals; voluptuous irritation of the genital organs; immoderate sexual desire, with violent erections; dropsical swelling of the prepuce and scrotum; soreness of the vagina.

*Worse* at night; also from cold.

**Helleborus nig.** Frequent desire to micturate, emitting but a small quantity; dark urine, feeble stream; a large quantity of pale, watery urine is emitted; suppressed sexual desire.

*Worse* in the evening; also in the cold air, and from bodily exertion.

*Better* in the warm air. In the open air he feels better, but as if he had been sick a long time.

**Hepar sulph.** The urine is passed slowly, with difficulty, and drops out perpendicularly; sharp, burning urine, corroding the prepuce; burning in the urethra during micturition; urine dark-red, hot; bloody urine; stitches in the urethra; inflammation and redness of the orifice of the urethra; discharge of mucus from the urethra; wetting the bed at night; itching of the glans and frenulum; diminished sexual instinct, with feeble erections; discharge of prostatic fluid after urinating.

*Worse* at night; also from cold air, from pressure, and on touching the part.

*Better* from warmth, and wrapping up warmly.

**Humulus lup.** Has been used with good success in retention of urine in drunkards, particularly in beer-drinkers.

**Hyoscyamus nig.** This remedy is particularly useful in the beginning of an attack of cystitis, when, although there is of course

*some* inflammation of the organs, the principal trouble is a difficulty in urinating from a spasmodic constriction of the neck of the bladder. The symptoms in other cases and diseases, are as follows: frequent desire to urinate, with scanty discharges; involuntary micturition, as from paralysis of the bladder; retention of urine, with pressure in the bladder; frequent emission of urine, clear as water.

*Worse* in the evening; also after eating or drinking, and during menstruation.

*Better* on stooping.

**Ignatia amara.** Sudden and irresistible desire to urinate; frequent discharge of watery urine; pressure to urinate from drinking coffee; burning and smarting in the urethra during micturition; itching in the fore part of the urethra; violent itching of the genitals in the evening, relieved by scratching; lasciviousness without erections; contractions of the penis, it becomes quite small; perspiration on the scrotum.

*Worse* in the afternoon and evening; also from tobacco, coffee and brandy.

*Better* by lying down (on the back) or changing the position.

**Iodium.** Retention of urine; urine yellowish-green, or acrid; dark, turbid or milky; or, with a variegated cuticle on its surface; increase of sexual desire.

*Worse* at night, and in the evening; also from pressure or warmth, and when walking quickly.

*Better* from cold.

**Kali carb.** Frequent micturition, with discharge of small quantities of fiery urine; burning in the urethra, during and after micturition; the urine is discharged slowly; after micturition, discharge of prostatic fluid; sexual desire excessive, or deficient.

*Worse* in the morning; also from cold air.

*Better* on getting warm.

**Lachesis.** Burning during micturition; frequent micturition, with a copious emission of foaming urine; yellow urine; sensation as if a ball were rolling in the bladder; great excitement of the sexual desire; redness and swelling of the pudenda, with discharge of mucus; sexual desire strong (in women.)

*Worse* in the evening; also after sleep, and from alcoholic drinks.

**Lycopodium.** Frequent emission of foamy urine; dark urine,

with burning; hemorrhage from the urethra, without pain, also with lameness of the lower limbs, and constipation; burning in the female urethra during micturition; itching in the urethra during or after micturition; violent, but short, pain of a drawing character, in the forepart of the urethra; stitches in the bladder; dark urine, with diminished discharge; stitches in the neck of the bladder, and in the anus, at the same time; renal colic; sexual desire increased, or suppressed; impotence, the penis being small, cold, and relaxed; feeble erections; itching of the internal surface of the prepuce; dryness of the vagina; burning in the vagina during coition; varices on the genitals of women.

*Worse* in the afternoon and evening; also when lying down or sitting, from cold food or drink, and from pressure of the clothes.

*Better* on getting cold, and from warm food and drink.

**Mercurius.** Constant desire to urinate, with no emission, or red and brown urine, extremely turbid, and smelling sour; scanty fiery-red urine, or dark urine, as if mixed with blood; greenish gonorrhœal discharge, especially at night; inflammation of the prepuce, with considerable swelling, and burning pain, as if it were distended with water or air; drawing pain in the groin, and a similar pain in the spermatic cord; hard swelling of the testicle, with shining redness of the scrotum; hemorrhage from the urethra.

*Worse* in the evening, and at night; also from the heat of the bed, and when exercising.

*Better* when at rest, when lying down.

**Nitric acid.** Nightly desire to urinate, with cutting pain in the abdomen; fœtid or greenish urine; burning in the urethra during micturition, with violent pain after; smarting pain in the urethra, or sore pain in the meatus during urination; yellowish or bloody gonorrhœal discharge; frequent itching of the glans; inflammation and swelling of the prepuce, with burning pain; violent itching of the scrotum, with violent pain in the testicles; deficient sexual desire; chordee; erections with burning or stitches in the urethra; suppression of urine, without pain; stricture resulting from gonorrhœa or syphilis; discharge of bloody mucus from the urethra.

*Worse* in the evening, and at night; also from touching the parts.

**Nux vomica.** Pressing pain in the meatus, between the acts of micturition, accompanied by shuddering; sharp pressure as with

a cutting instrument, in the forepart of the urethra, also at the bladder, perineum, and anus, with contractive pain between the acts of micturition, and discharge of mucus; painful ineffectual desire to urinate; nightly urging to urinate, terminating in discharge of blood, and severe burning; burning and lacerating pain in the neck of the bladder; burning in the urethra (or itching) during micturition; contractive pain in the urethra, after urinating; the urine is discharged drop by drop; discharge of pale urine, which is followed by thick, whitish, purulent matter, with a burning pain; reddish urine, with a brick-dust sediment.

*Worse* in the morning; also from motion, and being touched.

*Better* from strong pressure.

**Opium.** Suppression of urine, as from contraction or paralysis of the bladder; scanty, dark-brown urine, with brick-dust sediment; excitement of the sexual organs, and violent erections; hæmaturia; impotence.

*Worse* at night; also from brandy or wine, and after sleep.

**Petroleum.** Frequent micturition; burning urine, with a white sediment; burning in the neck of the bladder when urinating; a very violent contraction in the region of the bladder; burning pain in the urethra; constant dripping of urine; frequent micturition, with scanty emission of brown, fœtid urine; soreness of, and moisture on the female genitals.

*Worse* in the morning, and evening; and also after walking in the open air.

*Better* in warm air.

**Petroselinum.** Agglutination of the orifice of the urethra by mucus; albuminous yellow discharge from the urethra; during micturition, burning and tingling from the perineum through the whole urethra; drawing, afterwards itching, in the fossa navicularis; tingling in the urethra, followed by pressure in the region of Cowper's glands; priapism, but without chordee.

**Phosphorus.** Increased secretion of watery pale urine; frequent micturition, but a small quantity each time; hæmaturia; urine whitish, like curdled milk, soon becoming turbid with brick-dust sediment, and with a variegated cuticle on the surface; twitching and burning in the urethra, with frequent desire to urinate; involuntary discharge of urine; sexual desire increased, with irresistible desire for coition; impotence; stiches upward in the vagina, into the pelvis.

*Worse* in the evening, and at night; also when lying on the back, and on rising from the seat.

*Better* from rubbing, after sleeping, and from eating something cold.

**Platinum met.** Frequent micturition, with slow flow of urine; red with white clouds, or turbid with red sediment; the sexual desire is unnaturally increased, with violent erections, especially at night; in women, painful sensitiveness of the genitals, internally and externally; unnatural excitement of the sexual desire, with voluptuous tingling in the internal and external sexual organs.

*Worse* in the evening; also when at rest.

*Better* during motion.

**Plumbum met.** Difficult emission of urine, only by drops; strangury; hæmaturia; genitals swollen and inflamed; increased sexual desire, with violent erections.

*Worse* at night.

*Better* from rubbing.

**Pulsatilla.** Strictures of the urethra, from suppressed gonorrhœa; retention and incontinence of urine; frequent desire to urinate, with drawing in the abdomen; colorless, watery urine; cystitis which is due to suppressed menstruation; painful and scanty emission of slimy and sanguinolent urine, which deposits a purulent-looking sediment; burning and cutting pains in the hypogastrium, with external heat, and tumefaction; suppression of urine; thick gonorrhœic discharge from the urethra; sexual desire too strong; itching-burning on the inner and upper side of the prepuce; burning in the testicles without swelling.

*Worse* in the evening; also from imprudent eating, and from warmth.

*Better* from cold, and when in the open air.

**Rhus tox.** Retention of urine; discharge of drops of bloody urine, attended with tenesmus; hot, dark urine; diminished secretion of urine, although he drinks much; the urine is emitted in a dividing stream; swelling of the glands and prepuce; prepuce dark-red; stinging-itching on the inner surface of the prepuce; violent erections at night, with urging to urinate; soreness and stitches in the vagina.

*Worse* in the morning; also when at rest, from change of weather, and from cold.

*Better* from motion, and warmth.



**Sarsaparilla.** Frequent ineffectual urging to urinate; diminished secretion of urine; tenesmus of the bladder, with discharge white, acrid, pus and mucus: painful constriction of the bladder; frequent profuse discharge of pale urine, without any sensation in the urethra; burning in the urethra during every micturition; urine red and fiery, or turbid, containing long flakes; at the end of micturition some blood passes; sand in the urine in large quantities; bad effects from gonorrhœa suppressed by mercury.

*Better* from warmth.

**Secale cor.** Suppression of urine; pale, watery urine; hemorrhage from the urethra.

*Worse* at night; also from touching the parts, from warmth, and on getting warm in bed.

*Better* in the cold air and when standing.

**Selenium.** Red, sandy, coarse-grained, or brick-dust sediment in the urine; itching of the scrotum; erections, with much itching in the urethra; diminished sexual desire, or impotence with sexual desire.

*Worse* in the afternoon, and at night; also after sleep, and from salt food.

**Silicea.** Desire to urinate, with scanty emission and smarting in the urethra; pressure on the bladder when urinating, with subsequent burning; redness of the prepuce near the corona, as if excoriated; desire to urinate, with sometimes scanty emission, and again a copious flow; sediment of red sand, or deposit of yellow sand; increased sexual desire, with frequent violent erections.

*Worse* in the night; also in the open air, from cold, from external pressure, and from drinking wine.

*Better* from warmth.

**Stannum met.** Scanty secretion of urine; the urging to urinate is wanting, as if there were no sensation in the bladder, only a sensation of fullness indicates the necessity to urinate; increased sexual desire.

*Worse* in the evening; also during rest.

*Better* when walking.

**Staphisagria.** Frequent urging to urinate, with scanty discharge in a thin stream; or discharge of dark urine by drops; profuse discharge of watery, pale urine with much urging; during, and after micturition, burning in the urethra; after micturition urging as if the bladder were not emptied; excitement of the



sexual instinct; in women, painful sensitiveness of the sexual organs, especially when sitting.

*Worse* in the morning, forenoon, and at night; also from touching the parts, and from tobacco.

**Stramonium.** Suppressed secretion of urine; involuntary urination; the urine is only discharged in drops, with constant painful urging.

*Worse* in the morning; also from being touched.

**Sulphur.** Retention of urine; frequent micturition, especially at night; discharge of urine only by drops; involuntary discharge of urine only at night; burning in the orifice of the urethra during micturition; foetid urine, with greasy pellicle on it; hemorrhage from the urethra; stitches in the bladder; cutting pain in the urethra when urinating; redness and inflammation of the orifice of the urethra; discharge of mucus from the urethra; secondary gonorrhœa; coldness of the penis, with weak sexual powers, and impotence; stitches in the penis.

*Worse* in the evening, and during the latter part of the night; also from bodily exertion, on getting warm in bed, when standing, from touching the parts, and from water and washing.

*Better* during motion, from heat, and in dry weather.

**Thuja occi.** Frequent urging to urinate, with profuse secretion of urine, especially towards and in the evening; foaming urine, the foam remaining long on the urine; dropping of urine after having urinated; the bladder feels paralyzed, having no power to expel; sediment of brown mucus; burning, or biting-itching in the urethra; urine contains sugar; bloody urine; swelling of the prepuce, with inflammation of the glans; copious watery discharge from the urethra; stitches in the urethra, with urging to urinate; sensation as if a drop were running through the urethra; nightly painful erection; impotence after gonorrhœa.

*Worse* in the evening, and at night; also in cold, wet weather, and from the heat of the bed.

*Better* in warm, wet weather.

**Veratrum album.** Suppressed urinary secretion; continuous urging to urinate; involuntary flow of urine; dark-red urine, discharged frequently, but in small quantities; green urine; frequent micturition, with violent thirst and hunger, headache, nausea, colic, constipation, and coryza.

*Worse* in the morning; also after sleep, and when he is wrapped up warmly.

*Better* after perspiring.

**Zincum met.** Pressing, stinging and soreness in the kidneys; violent pressure of urine in the bladder; retention of urine when beginning to urinate; can only pass urine (which she must do every hour) in a sitting posture; excessive desire to urinate at night; urine is turbid, in the morning loam-colored; frequent micturition of pale-yellow urine, which later deposits a white, flaky sediment; discharge of blood from the urethra after painful urination; burning during and after micturition; cutting pain in the orifice of the urethra; involuntary discharge of urine when walking, coughing and sneezing; stones in the kidneys and bladder; great falling off of the hair on the genitals; nymphomania, with great sensitiveness of the genitals; violent long-lasting erections.

*Worse* in the afternoon and evening; also from wine, and in the warm room.

*Better* in the open air.

There are one or two additional remedies, and, as they are of importance, I do not know how I came to omit them. They are; *Agnus cast.*, *Ammon. mur.*, *Argent nit.*, *Merc. cor.*, *Mezer.*, *Rhus rad.*, and *Sepia*.

**Agnus castus.** Yellow purulent discharge from the urethra, after the inflammatory symptoms of gonorrhœa have subsided; gonorrhœa with suppressed sexual desire; itching of the genitals.

**Ammonia mur.** Diminished secretion of urine; slow flow of urine, more abundant during stool; frequent urination, especially towards morning; sediment like clay.

*Worse* in the morning and afternoon.

*Better* in the open air.

**Argentum nit.** Frequent and copious emission of pale urine; inflammation, and violent burning or shooting pains in the urethra, with increased gonorrhœa; priapism with bleeding from the urethra; sexual desire wanting, the genitals become shriveled.

**Mercurius cor.** Tenesmus of the bladder, suppressed urine; increased discharge of urine; the urine is only passed in drops, and in great pain; urine scanty, brown, with brick-dust sediment; itching in the forepart of the urethra; gonorrhœa, first thin, then thicker, then smarting pain when urinating, with stitches in the

urethra; burning in the urethra, more before micturition; violent erections during sleep.

*Worse* in the evening, and at night; also from cold?

**Mezereum.** Diminished secretion of urine; in the morning and forenoon, frequent discharge of large quantities of pale urine; the urine becomes flaky, and has a red sediment; hæmaturia; sticking in the kidney, and pain as if torn; after micturition, itching at the prepuce; discharge of mucus from the urethra; heat and swelling of the penis; violent erections, and increased sexual desire.

*Worse* in the evening, and at night; also from being touched, and from motion.

*Better* when walking in the open air.

**Rhus rad.** Symptoms are almost identical with those of *Rhus tox.*; when the case and the remedy agree, but the *tox.* produces no effect, I have often succeeded with this remedy in effecting a cure.

**Sepia.** Frequent urging to urinate, from pressure on the bladder; frequent micturition, even at night has to rise often; burning in the bladder, and in the orifice of the urethra; smarting in the urethra when urinating; urine turbid, with sediment of red sand; blood-red, with white sediment, and a cuticle on the surface; very offensive, with much white sediment; continued erections at night; violent upward stitches in the vagina; redness, swelling, humid itching eruption on the labiæ.

*Worse* in the forenoon, and in the evening; also from washing in water, and on bending down.

*Better* from warm air, and violent exercise.

## OPERATIONS.

*Perineal abscess.*—When practicable they should be opened by an oblique incision, by entering the knife through the skin at a distance from the abscess.

*Organic Urethral Stricture.*—It often happens that remedies fail to reach these cases. When such is the case, a catheter (made for the purpose), with a knife-blade concealed, can be introduced as far as the stricture, and then made, by the action of a spring, to sever it. Other methods are often used, such as gradual

dilatation by means of graduated bougies, one of which is sometimes used constantly.

*Calculi.*—These serious diseases are remediable by operative procedure, in two manners. The cutting operation, and the crushing. The first is called *lithotomy*, and the last *lithotripsy*. Of the first we have a choice of three methods: 1st. The median; 2d. the high; 3d. the lateral operation. The last is the one most used in this country. In this, an instrument shaped like a catheter, but having a deep groove along the curved border, called a "staff," is introduced into the bladder, and held by an assistant. The surgeon makes the incision from the raphe of the perineum, obliquely downwards, as far as the upper margin of the anus, though terminating at the distance of an inch and a half or two inches from it. This incision may be three inches long. When it is deep enough to reach the staff, the point of the knife is engaged in the groove of that instrument, and pushed into the bladder. The finger being inserted into the opening thus made, a pair of forceps made for the purpose, are then passed in, and the stone brought away. The staff must not be withdrawn until the operator has his finger in the bladder. Previous to commencing, the bladder is to be injected with tepid water, and this allowed to run out when the stone is removed. The bladder is then to be washed out, and the wound left open to heal from the bottom. Pass a gum-elastic catheter into the bladder through the wound, and leave it there until the urine begins to come from the urethra.

When operating by the crushing method, care must be taken above all things to have a perfectly good instrument, as if one of the jaws *should* break off in the bladder, the case will be very much complicated. The instrument used, is about the diameter of a large catheter, and is made to open and close two powerful concealed jaws by means of a screw in the handle. The size of the stone is accurately told by a scale cut into the handle of the instrument. When the stone has become engaged in the jaws of the lithotriper, it must be crushed slowly; the bladder injected with tepid water, and the utmost care exercised to ensure the expulsion of every particle of stone. The smallest piece remaining may (and nearly always *will*) serve as the nucleus for a new formation.

These operations are both of them very serious ones, and it must only be after the most careful and persevering use of remedies, that either of them are resorted to. The mortality under

old school treatment is fearful, and we have every reason, judging from our past experience, to believe that the time will come when it will never be necessary to cut for stone. But let it be borne in mind, that inasmuch as a stone in the bladder is the hardest thing in the world to diagnose, it behooves us to be very *cautious*, at least, when we assert that we have cured them.

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## DISEASES OF THE SCROTUM AND TESTICLES.

### ORCHITIS — HYDROCELE — VARICOCELE — HÆMATOCELE.

ORCHITIS is spoken of, as “blenorhagic epididymitis,” from the fact that in gonorrhœa or blenorhœa, the epididymus is often affected; hernia humoralis and swelled testicles, are among the common names. Gonorrhœa suddenly suppressed by quack medicines, cold, or injudicious treatment frequently causes it. But cold, without the existence of gonorrhœa, a bruise, straining from heavy lifting and the like, often produces it. When a cure is effected there may be a hard, button-like swelling at the lower end of the affected testicle, that will remain.

The symptoms are, swelling and hardness of the whole, or only one side of the scrotum; red, painful and hot; sometimes the surface is covered with small blisters, which burst, dry up into small scales and fall off; the least touch, even the weight of a single sheet, or the slightest motion, laughing or talking, will generally greatly increase the sufferings; the pain is of a dragging character, and usually extends up along the spermatic cord of that side. The patient usually is found lying on the back, with the head high, knees drawn up and widely separated. The so-called “constitutional” symptoms are, fever, thirst, restlessness, often headache, urinary difficulties, and generally constipation, sometimes diarrhœa; at other times the bowels are not at all affected.

## HYDROCELE.

HYDROCELE is an effusion of fluid, either into the scrotum, or the coverings of either the testicles, or the spermatic cord. When in the cellular tissue, it is "external hydrocele;" the opposite condition is "internal," and is divided into several other varieties. When it is contained in the envelope of the testicle, it is called "hydrocele of the tunica vaginalis;" and if communication between the abdomen and the interior of the sac is unobstructed, it is called "congenital." When the membranes of the spermatic cord are the seat of the disease, we speak of two varieties, the "encysted," and "diffused." In shape, the tumor thus formed is oblong, larger below than above, and, when examined in a dark room by transmitted light, the testicle can be clearly seen at the back of the scrotum. The operation of tapping may have to be resorted to, but as it is merely palliation, often *aggravating*, it should be seldom performed.

*Orchitis*, according to VELPEAU frequently causes this disease. It is usually found in a chronic form. Pain or inflammation rarely exists though some tenderness of the testicles may be met with. In old cases, in which some (or many), structural changes have taken place, many of the most essential symptoms to founding a correct diagnosis are wanting, and as light cannot be transmitted, the nature of the disease is sometimes very obscure. We may confound the disease with hæmatocele, or any enlargement of the scrotum. An exploring needle will generally settle the matter. The fluid is usually of a light straw-color, but when the case is of long standing, by the disintegration of the blood globules, the fluid will be of a dark-turbid appearance, and may incline one to think it is hæmatocele. This, joined to the thickening of the walls, will obscure the diagnosis very much. The fluid may accumulate in any quantity; sufficient to distend the scrotum from the size of an egg, to that of a large cocoanut. The swelling is also, not always even and oblong, sometimes assuming an hour-glass form, and again looks like a multilocular cyst.

## VARICOCELE.

VARICOCELE is simply a varixed condition of the veins of the scrotum and spermatic cord, and has been confounded with scrotal



hernia. The veins of both the scrotum and the cord may be affected, or of only one of them; those of the cord are generally found to be the ones involved. It is a soft, doughy, compressible tumor, having a knotted, unequal surface, situated in the course of the spermatic cord, and increasing in size from below upwards. After lying down the tumor diminishes in bulk, and on standing up or walking increases in size again. In the scrotal variety the size seems to be greatest at the bottom, while all the other signs (except that following the course of the cord), are the same. When *both* cord and scrotum are involved, the size is nearly uniform, top and bottom. The disease is easily diagnosed, and requires the simplest treatment. Debility of the genital organs, and frequent seminal emissions accompany varicocele quite frequently, from the fact that the disease is often referable to venereal excesses. One fact must be borne in mind: When the *left* spermatic veins are varicosed, and constipation accompanies it, or is the natural condition of the patient, the cause of the varix is, in many cases, pressure exerted by fecal matter, accumulated in the sigmoid flexure of the colon, on the veins; one of the first indications in such cases, is to *remove this mechanical obstruction* to the flow of the blood.

#### HÆMATOCELE.

HÆMATOCELE is a simple effusion of blood (from an injury, generally) into one of the tunics of the scrotum, and, of course, apart from the character of the fluid, it presents many of the characteristics of hydrocele. Many suppose it to be an effusion of blood into the cellular texture of the scrotum; others, an effusion into the tunica vaginalis; still others, into the tunica albuginea itself. The first is the common belief, but I incline to the second, viz., that it differs from hydrocele *only* in the character of the effusion, as regards seat or external appearances. Although the disease is usually produced by an injury, yet it has often occurred spontaneously. When tapping for hydrocele, it has sometimes resulted from the point of the trocar wounding one of the vessels of the scrotum.

Trifling as it may appear in its immediate and remote effects, it is many times a very formidable accident, and requires very prompt treatment. If our remedies are acting slowly, or do not

act at all, do not waste time, but operate at once. Of the two varieties, the traumatic and spontaneous, the last is the rarest and much the most formidable. From some cause or another, perhaps varix, one of the spermatic veins becomes enlarged, bursts, and pours out blood in quantities, the scrotum usually attaining a greater size than when it has a traumatic origin.

Rather than have the effused blood become disorganized, with all its attendant evils, I would give but two weeks of medicinal treatment, and if nothing resulted, operate. But should good, ever so little, result, keep on with the medicines. It has sometimes occurred that the blood has coagulated. When the clot is found to be firm, he is criminal who does not remove it by operation.

Care must be taken that we do not confound hæmatocele with hernia, or chronic hydrocele. Many of the symptoms and signs are similar to hernia, and hæmatocele of the spermatic cord, as it is apt to result from a strain, the similarity is very striking; but as ERICHSEN says, "the more diffuse character of the swelling, its irregular feel, and semi-fluctuating sensation, might enable the diagnosis to be made." Hæmatocele of the cord, can be readily distinguished from that of the tunica vaginalis; in the former the testicle is not implicated, while in the latter it is felt surrounded by the fluid.

**Treatment.**—Among the allopaths there is a custom, which many of our own faith are adopting, of strapping the scrotum with strips of adhesive plaster in cases of *orchitis*, which is very hurtful and useless. Trust to remedies and some simple appliances. It is of prime importance to keep the patient quiet in bed, room not too hot, covered lightly with bed clothes, with a bent hoop to keep their weight off; if the scrotum is greatly enlarged, a light suspensory bandage may be used, but it must exercise no constriction; use no washes, or *any* topical application, and let the diet be light, forbidding coffee or any spiritous liquors.

In the case of *Hydrocele*, the strapping process is very useful if *too much* compression is not exercised; that is, not enough to endanger the testes; it is preferable to bandaging, as the latter can only with difficulty be kept smoothly applied. When the tumor is large, painful, and the remedies act but slowly, not presenting a constant accumulation of fluid, tapping may be resorted to as a temporary expedient, never with any hopes of effecting a cure by such means.

*Hæmatocele* should never be compressed by bandages or straps. If the cause is a rupture of some large vessel, that vessel has to be obliterated; if pressure will not check the hemorrhage, it must be exposed, and ligated.

*Varicocele*, as it is an important subject, I shall speak of a little more *in extenso*. When called to see a case of this kind, first discover the *cause*, and then direct your treatment to the removal of that cause first; thus, if an accumulation of feces is the direct cause, have that removed by injections, or other mechanical means. One of the first indications is to afford artificial support to the over-distended veins by judicious bandaging, which will be found in nearly all cases quite indispensable. The only topical treatment I would advise, is the watery extract of *Hamamelis virg.*, and then only at such times as the same remedy is being administered internally. It is not good homœopathy, indeed to my mind is not homœopathy at all, to use one remedy internally, and a different one topically; it is nothing but alternation, and that we *know* is heresy.

The remedies may be arranged as follows:

ORCHITIS: *Acon.*, *Aur. met.*, *Nux vom.*; *Ars.*, *Clem.*, *Lyc.*, *Merc.*,  
*Nit. ac.*, *Spong.*, *Staph.*, *Zinc.*

—— from Strains or Bruises.—*Arn.*, *Con.*, *Ruta*, *Puls.*

—— from Suppressed Gonorrhœa.—*Puls.*; *Aur.*, *Clem.*, *Merc.*,  
*Nit. ac.*

—— from Metastasis of Mumps.—*Merc.*, *Nux v.*, *Puls.*

HYDROCELE: *Arn.*, *Ars.*, *Chin.*, *Con.*, *Dig.*, *Graph.*, *Hell.*, *Hepar*  
*s.*, *Merc.*, *Nux v.*, *Puls.*, *Sil.*, *Sulph.*

VARICOCELE: *Hama. virg.*; *Acon.*, *Arn.*, *Ars.*, *Carbo v.*, *Graph.*,  
*Lach.*, *Lyc.*, *Nux v.*, *Puls.*, *Sep.*, *Sulph.*

HÆMATOCELE: *Arn.*, *Con.*, *Ruta*, *Sulph.*; *Erigeron.*

**Aconite nap.** Fever of an inflammatory character, with red cheeks, headache restlessness and followed by a profuse perspiration; dry, burning fever at night, with thirst, and delirium; fever ushered in by coldness and shivering; fear and apprehension of death; diarrhœa, with nausea and sweat; retention, or else difficult and scanty emission of urine, with painful urging; inflammation and itching of the scrotum; pain in the scrotum as if contused; tingling of the genitals; after a walk, (in cases of varicocele), the scrotum is painful, and the veins are much distended; inflammation of the scrotum, and intolerable pain along

the course of the cord; stinging pains; the scrotum, being inflamed, feels burning to the patient, and dry and hot to the hand; loss of appetite, amounting often to aversion of food; loose stools, with much straining; pain in the rectum; numbness and lameness of the left thigh.

*Worse* in the evening, and at night; also when lying on the left side, in a warm room, and when rising from the seat or bed.

*Better* in the open air. Right side.

**Arnica mon.** Orchitis arising from a bruise or contusion; a sense of dull pain, or aching, in the testicle; the fever comes on in the morning, is of a dry, burning character, no thirst with the fever; yawning before the fever, accompanied by a great deal of thirst; frequent small and slimy stools, or stools consisting solely of slime; tenesmus of the neck of the bladder; stitches in the urethra; brown urine, with brick-red sediment; small quantities of yellow-red urine; red-blue swelling of the scrotum, and inflammatory swelling of the testicles; painful swelling of the spermatic cord, with lancinations from the testicles into the abdomen; *varicocele* without pain, a dull tingling sensation, or an uneasy feeling in the swelling.

*Worse* in the morning, evening, and at night; also from moving, and on being touched.

*Better* when lying down. Right side.

**Arsenicum alb.** *The pains are felt at night when sleeping, and do not wake the patient up*; dry, burning fever; the patient complains of feeling cold, but to the hand the surface is warm; thirst during the fever, but only drinks a mouthful at a time; dry, burning internal heat; emaciation and weakness; diarrhœa of a putrid smell, profuse and watery; retention, or involuntary emission of urine; burning in the urethra; swelling of the scrotum, with heat, redness, or a red-blue color; pain very severe; *varicocele* in persons who have had their health broken with *Quinine*; veins enormously distended, of a deep blue color extending to the whole scrotum; burning steady pain in the scrotum; loss of appetite.

*Worse* at night; also from cold, when lying on the affected side, and when the head is low.

*Better* from heat, or warm applications, and when lying with the head high. Either side.

**Aurum fol.** Orchitis produced by the abuse of *Mercury* "*regularly*;" very sensitive to cold and drafts; thinks constantly of

suicide, and has thoughts of attempting it; quarrelsome and peevish; turbid urine; yellow, thick, white urine almost like gonorrhœal discharge; dull cutting, and lancinations in the urethra diarrhœa, or constipation, with burning in the rectum; the external border of the rectum is swollen and painful; nightly erections and pollutions, with itching of the scrotum; on touching or rubbing the testicle, aching pain. I have cured so many cases of *orchitis* with this remedy, that I almost began to think it a specific. The symptoms I have oftenest met that were cured by its use, are as follows: Tense, smooth, shining swelling of the scrotum, more on the left side; dragging pain in the scrotum and along the spermatic cord; pain on the slightest motion, on straightening out the leg of that side, when turning in bed, from talking or laughing; small scales on the lower point of the scrotum on the left side, coming off entire; scanty emission of hot urine; little thirst, no appetite; fever, restlessness and sleeplessness at night.

*Worse* in the morning; also from cold.

*Better* from warmth. Right side, (BENNINGHAUSEN). Left side (GILCHRIST).

**Clematis erecta.** Swelling and induration of both testicles, or of only the right; pain as if bruised on touching the testes; drawing pain in the testes and spermatic cord, from below upwards; painful sensitiveness of the testes; swelling of the scrotum; loose stool; hemorrhoids; fever at night; dry heat; chilliness on being uncovered.

*Worse* at night? also from the heat of the bed, and from washing.

*Better* from pressure? Right side.

**Carbo veg.** Loss of appetite; constipation, with hard stool every two or three days; discharge of blood with the stool; soreness of the perineum; swelling of the scrotum, which is also hard to the touch; pressing in the testicles.

*Worse* in the morning, and forenoon; also from cold air, and before the fever.

*Better* after lying down.

**China off.** Drawing in the testicles; swelling of the spermatic cord; urine dark, turbid and scanty.

*Worse* at night; also from touching the parts if ever so softly.

*Better* from warmth, in general. Generally the left side, though it may be either.

**Conium mac.** Pains, of a very severe character, come on at



night while the patient is sleeping and waken him; restlessness and constant desire to change the position; orchitis from a contusion; swelling of the testes.

*Worse* at night; also when standing, or when at rest.

*Better* from moving and walking. Right side.

**Digitalis pur.** Great distension of the scrotum, until the skin looks as thin as a bladder; dropsical swelling of the genitals; contusive pain in the right testicle; fever, with internal chilliness, and external heat. Feels rather better in the forenoon, though there is but little change all day.

**Erigeron can.** One of HALE'S "new remedies," and the characteristic symptoms are unreliable. It is used empirically a great deal for hemorrhages of all kinds (except arterial), and has proved very valuable. Useful in hæmatocele in the first stages.

**Graphites.** Feeling of great tension in the parts; constipation, with burning in the rectum; white mucus mixed with the stool; the prepuce is dropsical.

*Worse* at night; also from cold.

*Better* from pressure? Either side.

**Hamamelis virg.** The list of symptoms of this most important remedy are very meagre. I have used it very much, and have been obliged to do so in an empirical way, but have found it the very best remedy I have used in the treatment of varicocele. I have never used higher than the twelfth. The external use of the fluid extract is the common method of administration.

**Helleborus nig.** Hydrocele after suppressed eruptions; suppression of the sexual desire.

*Worse* in the evening; also in the cold, and from bodily exertion.

*Better* in the warm air. He feels better in the open air, but feels as if he had been sick for a long time. Either side.

**Hepar sulphuris.** Long-standing hydrocele; large swelling of the scrotum, containing fluid which is dark and thick; throbbing in the scrotum; humid soreness on the genitals, and on the thighs between them and the scrotum; discharge of prostatic fluid during urination, or when passing the hard stool.

*Worse* at night; also from the cold air, when lying on the painful side, from pressure, and when touching the parts.

*Better* from warmth. Right side?

**Lycopodium.** Fever in the evening; burning heat, with short breath, pale face, and starting from the sleep; ineffectual urging



to stool; contractive pain in the perineum; violent, but short, drawing pain in the forepart of the urethra; chronic orchitis; pain in the perineum when sitting; passage of blood from the rectum; soreness between the scrotum and the thighs; dropsical swelling of the genital organs.

*Worse* in the afternoon and evening; also from lying down, when sitting, from the pressure of the clothes, and while urinating.

*Better* from cold. Right side.

**Mercurius.** Violent thirst; continual coldness of the hands and feet; great fever at night; profuse perspiration which affords no relief; sweat with nausea and languor; desire for stool every minute, with tenesmus but no passages; diarrhœa; flow of milky urine; red, brown or turbid urine; sour smelling urine; bloody urine; discharge of pure blood from the urethra; drawing, with pressure in the testicles; drawing pain in the testicles and in the groin; drawing in the spermatic cord; shining redness of the scrotum; swelling of the scrotum; pain intolerable.

*Worse* at night, and from the heat of the bed.

*Better* from cold, and while sitting. Right side.

**Nitric acid.** Orchitis from abuse of *Mercury*; cold skin over the whole body; chilliness, especially in the evening; night-sweats, sometimes every night, at other times every other night; foetid perspiration; constipation, or diarrhœa; discharge of blood from the rectum during stool; painful suppression of urine; drawing pain in the testicles; testicles painful when touched; violent itching of the scrotum; lacerating in the spermatic cord; painful when touched.

*Worse* in the evening, and at night; also on touching the parts, and on rising from the seat.

*Better* on getting warm. Left side.

**Nux vomica.** Chilliness, with heat of the head; fever in the afternoon or evening; burning sensation, or one of internal heat through the body; morning sweats; constipation, with ineffectual urging to stool; painful spasmodic stricture of the anus; painful and ineffectual desire to urinate, burning or itching in the urethra; lacerating or burning in the neck of the bladder; itching of the scrotum; heat in the testicles; inflammation of both testicles, with swelling, hardness, and drawing of them up; sticking and spasmodic choking sensation, rising into the spermatic cord.

*Worse* in the morning; also from motion, and slight touch.

*Better* from strong pressure. Right side.

**Pulsatilla.** Coldness; shuddering; feeling of chilliness, with trembling; fever comes on in the afternoon or evening; dry heat of the body at night; morning sweat; diarrhœa stools, mixed with mucus; stools consisting of nothing but mucus mixed with blood; retention or incontinence of urine; colorless, watery urine; swelling of the scrotum; lacerating pain in the testes; drawing and drawing-tension from the abdomen through the spermatic cord to the testicles; inflammation and swelling of the testicles, with swelling of the scrotum after suppressed gonorrhœa; burning in testicles without swelling.

*Worse* in the evening, and the forepart of the night; also when lying on the painless side, while moving, and from warmth.

*Better* in the open air, and from cold. Right side.

**Ruta graveolens.** Have used it for varicocele following a severe strain.

**Silicea.** Continuous urging to urinate, with scanty discharge; itching, humid spots on the scrotum; discharge of prostatic fluid when urinating and during stool; increased sexual desire; hydrocele.

*Worse* in the night; also in the open air, from cold, from getting wet, and from pressure.

*Better* from warmth. Either side.

**Sulphur.** Retention of urine; or frequent micturition, only of drops; hemorrhage from the urethra; discharge of prostatic fluid after micturition; the testicles hang down loosely; offensive perspiration around the genitals; soreness and moisture of the scrotum; soreness between the scrotum and the thighs.

*Worse* in the evening, and at night; also on getting warm in bed, from talking, on standing, from touching the parts, and from water and washing.

*Better* during motion, and from heat. Right side.

#### OPERATIONS.

*Varicocele* is to be cured (when by operation) by the obliteration of the veins. This may be done either by ligation, or pressure exerted on the vein directly. When the former plan is pursued, use the same procedures and precautions as in the case of arteries. When the latter, the best plan is to insert hair-lip pins

under the veins, and twist silk or wire around them in a figure-of-eight manner.

*Hydrocele* is often tapped, either under the mistaken belief that such a procedure will cure it, or as a palliative measure. It does not cure any more than amputation cures gangrene; it only destroys the parts. The trocar and canula should be small, and care must be taken not to wound the testicle.

These operations are but seldom called for in our practice, and the time will soon be here when they will never be performed; of this I am confident

## SURGICAL DISEASES OF THE FEMALE GENITALIA.

### DISEASES OF THE UTERUS—OVARIAN TUMORS—VAGINAL FISTULA.

DISEASES OF THE UTERUS are many, but a great majority of them are more strictly obstetrical, and need not to be mentioned in a work of this character. The diseases we shall speak of are as follows: (*a*) Hydrometra; (*b*) physometra; (*c*) foreign bodies in uterus; (*d*) cancer of the uterus; (*e*) ulceration; (*f*) gangrene.

(*a*). *Hydrometra*.—Dropsy of the uterus never sets in until the catamenia are regularly established, or seldom after their final cessation. The causes are various: a blow, miscarriage, suppression by some means of the lochia, leucorrhœa, menstruation, etc. Often the cause depends upon, or exists in connection with, some disease of the womb. Among these may be classed, scirrhus, hydatids, or tubercular disease. It may readily be confounded with pregnancy. We hear three varieties spoken of: the uterine, hydatids, and the dropsy common to pregnant women. 1st. *Ascites*. This is a simple accumulation of fluid in the cavity of the uterus. JAHR speaks of it as being either "*persistent* or *periodical*." The symptoms in the former case are as follows: suppression of the menses, with pain in the back and abdomen, swelling of the abdomen, and, in those cases which simulate pregnancy, swelling of the

breasts with discharge from them of a milky substance. Months or years may elapse, the abdomen swelling steadily, and at last a fall, blow, or some other cause, will result in an expulsion of the fluid by a process closely resembling labor. The patient complains of uterine pains, the mouth of the uterus dilates, and the fluid is expelled. The point of difference, then, between the two varieties, "peristent" and "periodical" is, that in the former a cure follows, the fluid is not re-secreted; whilst in the latter, it again accumulates.

2d. *Hydatids*.—In appearance resemble cysts; multilocular generally, and give rise to very nearly the same symptoms as ascites. They are expelled as in confinement, the expulsion being followed by hemorrhage and weakness. In appearance the only difference from ascites is, that the former is not enclosed in a separate investment.

3d. The dropsy seen in pregnant women has no connection with our subject. I consider it to be merely an excess of the amniotic fluid.

(b). *Physometra*.—Sometimes this is called "tympanitis" of the uterus. It is simply an accumulation of gas in the cavity of this organ. The most common cause is, probably, the decomposition of coagula, or from some portions of the placenta, or from a dead fœtus. It may be generated by the walls of the uterus.

(c). *Foreign bodies in the uterus*.—They are moles, hydatids, calculi, and the like. *Moles* are a shapeless, fleshy mass, the result of imperfect conception. Hydatids when existing in large numbers, are frequently spoken of as moles. *Concretions*.—"These are the *sanguineous* and *lymphatic* concretions formed in the womb. The sanguineous concretions are a species of coagula, which might be compared to the polypus concretions in the heart and larger vessels, although the coagula in the womb are more consistent, and show more signs of organization; often they are surrounded by a fibrinous layer of a grayish-whitish color which envelope them like a membrane, and increase this organized appearance; but in dissecting them carefully, this appearance disappears, and no cavity with smooth walls is found in their interior, as is the case with fleshy moles. \* \* \* \* The formation of these coagula takes place most frequently in women who menstruate copiously, and whose lochia do not flow regularly; even young unmarried females are attacked by such disorders. When such concretions

take place, the menses cease." — JAHR. The expulsion of these bodies resembles the natural process of labor closely, and may be speedy or gradual; when the latter the hemorrhage is very severe.

"Lymphatic concretions," says JAHR, "are membranous bodies of integumentous consistence, and of a dirty-white color resembling the membranes in croup. They are formed in the uterine cavity, and are afterwards expelled, either shaped as a sac or as a bursa, the external surface of which is studded with filaments, and the internal is smooth and moistened with a serous liquid." These formations are sometimes simple patches, at others a complete cast of the womb. They are rarely reproduced after being expelled.

*Uterine polyps* differ in no material degree from the same bodies elsewhere.

*Calculi* or *Fibrous bodies* in uterus, are tumors, frequently of the polyp shape, and may be of almost any texture, from a simple sarcoma, to almost hard bone. When sarcomatous, I should call them polyp. They may be of any size, from that of a pea to a fist, or as in one case, large enough to weigh thirty pounds. Unmarried women are more subject to them than the married, and also those who have been childless, than those who have had several children. In fact among the married, the immunity increases in proportion to the number of children borne. JAHR and others consider the different textures of which they have been found to be composed, to be indicative of their age. Thus bone or calcareous matter is the natural composition, and the sarcomatous and fibrous forms, are but steps to the complete formation.

(d). *Cancer of the Uterus*. — The same remarks apply to this disease as to polypi: a cancer is the same everywhere. Most of the older authors, in the language of JAHR, considers cancer of the uterus to be "every affection, which at the same time as it changes the tissues of the uterus, naturally tends to spread all around, and to destroy itself by ulceration in the centre."

(e). *Ulceration of the Uterus*. — Ulcers of this organ are quite common, and may be classified the same as the cuticular varieties. They may be classified in this place in reference to the cause, complications and appearance, as follows: Superficial erosions, deep-seated ulcers, herpetic ulcers, scorbutic, scrofulous, syphilitic and cancerous. See "Ulcers."

(f). *Gangrene of the Uterus*. — This is a terrible accident, and



one that promises but little hope for the sufferer. Acute metritis, or any intense inflammation may culminate thus. The mortality is partially due to the fact, of the almost utter impossibility of diagnosing the condition, until after death. When the case is serious the diagnosis may be made out from the symptoms, pains in the hypogastrium which had existed until then, disappear; a brownish liquid of a fetid odor, is discharged from the vulva; a diarrhœa of a cadaverous smell, sets in, and a cold and clammy sweat breaks out, either over the whole body, or only on some parts; the pulse becomes frequent, small and intermittent; the features are deeply altered, the extremities become colder, and the patient sinks into syncope, or a prolonged coma, with or without *delirium*.

#### OVARIAN TUMORS.

OVARIAN TUMORS are more commonly met after the climacteric period, though they may exist at any age after puberty. I believe they are never seen, or if so very rarely, before the catamenia are established. They may be cystic, or solid in form, though it is a question with many, if the solid form be not an advanced stage of the cystic. Like all cysts, they may be single or multiple; some of the older writers speak of the "binocular," but we now call them all multilocular when there is more than one cyst on the pedicle. The contents of these cysts may be thick and albuminous, or thin and watery, and the same variety is found in the color; the fluid may be colorless like water, or brown, or even black. In consistency then, it may be anything between a fluid and a semi-solid, and in color, from watery to black. Not unfrequently, we find the contents to be made up of hair, portions of bone, and in one case a complete lower jaw furnished with a full set of teeth. These are evidently the remains of a blighted ovum, or may be the result of ovular impregnation. The causes that may operate to produce these formations are many, though some direct violence is the most common. They are never cured spontaneously; always progressing more or less slowly to a fatal termination, unless arrested or removed. They may be of almost any size.

#### VAGINAL FISTULA.

VAGINAL FISTULA. There are several varieties of fistula, which we will briefly notice, premising the remark, that in spite of



what many of us have been taught, they are all more or less curable by internal treatment, save one variety, the first we shall notice.

(a). *Entero-Vaginal Fistula*.—This affection is so rare, that I will simply quote ERICHSEN: "It is a communication set up between the small intestine and the vagina, an artificial anus in fact. These cases, may indeed be looked upon as incurable; for though some of the French surgeons, as ROUX and CASSAMAYOR, have endeavored to establish by a deep and difficult dissection a communication between the small and large intestine, the operation, as might have been expected, has proved fatal to the patient." The only thing to be done apparently, is to let it alone. What if the fistula should be closed? as there is no other outlet for the feces, an artificial anus would have to be made somewhere else, and might prove as fatal as the French attempts. I believe this condition is nearly always congenital.

(b). *Recto-Vaginal Fistula*.—Is a very disgusting complaint, and one that is common at all times of life. The causes are various. One of the most common is, the long impaction during labor of the head of the child in the vagina, and consequent upon the contusion, inflammation, gangrene, terminating in sloughing. Cases have occurred from perineal laceration extending into the vagina, partially healed, when an adhesion was set up between this canal and the rectum, followed by inflammation, ulceration and sloughing.

(c). *Urinary-Vaginal Fistula*, may also be due to the long impaction of the child's head during labor, and like the other variety may be caused by direct personal violence. A kick, by producing congestion and ultimate sloughing, or by lacerating the parts is, among a certain class, often the cause. The urethral opening from that canal into the vagina, is by far the most common, as the point of resistance furnished by the pubic bone, renders this passage more obnoxious to injurious pressure. When the opening is through the bladder itself, it is spoken of as vesicovaginal, which is larger, more ragged and more difficult to treat than the other. This is usually the result of abscess or some disease, as their position precludes the possibility of compression during labor being exercised to that extent, and they are too far back to be the result of an injury, unless it be one produced by attempting abortion.

**Treatment.**—In the cure of *physometra*, it is well to see to it that the expulsion of the gas is complete and the mechanical cause removed. In the case of *foreign bodies in the uterus*, they must be expelled, *not absorbed*. In *cancer*, and the same remarks apply to *ulceration*, no caustics, or any kind of local treatment must be allowed, farther than is necessary to complete cleanliness; trust to remedies.

In the treatment of "*ovarian tumors*," paracentesis, or tapping, is not good surgery, neither is it good Homœopathy; at the first it is merely palliative and commonly it produces aggravation. If the remedies do not act well, or all other measures fail to relieve, I should operate at once. Unrelieved the patient will surely die, and an operation promises much.

In cases of "*vaginal fistula*," of all kinds, I am much inclined to think that local treatment will be found that which promises best; but of course this depends upon the cause; if from a blow, treat it as ordinary contusions. In the case of all fistulæ, save the entero and vesico-vaginal, an operation seems to be the safest, best, and most speedy way of effecting a cure. In urinary fistulæ, one main indication is to prevent the urine from entering the vagina; for this purpose wear a catheter constantly, or until the opening is closed. In all these fistulæ the examination must be thorough, both digital and ocular, by means of a speculum.

The remedies we find most useful may be arranged as follows:

HYDROMETRA: *Ars.*, *Bell.*, *Chin.*, *Hell.*, *Merc.*, *Sulph.*, *Bry.*, *Calc.*,  
*Con.*, *Ferr.*, *Jod.*, *Kali*, *Lach.*, *Lyc.*, *Puls.*, *Ruta.*, *Sabin.*,  
*Sepia*.

—— after miscarriage.—*Bell.*, *Sabin.*, *Secale*, *Sep.*, *Bry.*, *Calc.*,  
*Chin.*, *Fer.*, *Kali*, *Puls.*, *Sulph.*

—— after blows on the Hypogastrium.—*Arn.*, *Con.*, *Puls.*,  
*Rhus*, *Bry.*, *Jod.*, *Lach.*, *Phos.*, *Ruta.*, *Sulph.*

—— with Hydatids.—*Canth.*, *Merc.*

—— with Endometritis.—*Merc.*, *Puls.*, *Sep.*, *Amm.*, *Calc.*,  
*Chin.*, *Con.*, *Ferr.*, *Lyc.*, *Sabin.*, *Sepia*, *Sulph.*

—— with suppressed Leucorrhœa.—*Bry.*, *Chin.*, *Nux v.*, *Puls.*,  
*Sulph.*, *Acon.*, *Ars.*, *Bell.*, *Lach.*

—— with suppressed Lochia.—*Bell.*, *Nux v.*, *Puls.*, *Secale*,  
*Hyos.*, *Verat.*

—— with suppressed menses.—*Con.*, *Kali.*, *Lyc.*, *Puls.*, *Sulph.*

PHYSOMETRA: *Phos ac.*, *Sang. can.*, *Bell.*, *Chin.*, *Calc.*, *Hyos.*,  
*Lyc.*, *Magn.*, *c. Nux v. Sepia*.

MOLES: *Puls.*, *Secale*, *Canth.*, *Calc.*, *Sil.*

HYDATIDS: *Calc.*, *Sulph.*, *Sil.*, *Merc.*, *Acon.*, *Ars.*, *Chin.*, *Fer.*,  
*Graph.*

SANGUINEOUS CONCRETIONS: *Nit. ac.*, *Phos.*, *Stront.*

LYMPHATIC CONCRETIONS: *Sulph. acid.*

CANCER OF UTERUS: *Graph.*, *Kreos.*, *Sep.*; *Ars.*, *Sil.*, *Sulph.*, *Merc.*

—— Scirrhus: *Carbo an.*, *Sep.*; *Aur.*, *Bell.*, *Chin.*, *Staph.*

FUNGUS OF UTERUS: *Graph.*; *Ars.*, *Carbo an.*, *Kreos.*, *Lyc.*, *Sep.*,  
*Staph.*, *Thuja*, *Bell.*, *Carbo v.*, *Lach.*, *Merc.*, *Nit. ac.*, *Phos.*,  
*Sabin.*, *Sil.*, *Sulph.*

—— Bloody: *Bell.*, *Carbo an.*, *Chin.*, *Graph.*, *Kreos.*, *Sep.*; *Aur.*,  
*Carb. v.*, *Lach.*, *Merc.*, *Sil.*, *Sulph.*

—— Medullary: *Bell.*, *Phos.*, *Sil.*, *Sulph.*; *Ars.*, *Carbo an.*,  
*China*, *Graph.*, *Kreos.*, *Merc.*, *Sep.*

ULCERATION OF THE UTERUS.—See chapter on Ulcers.

GANGRENE OF THE UTERUS: *Secale*; *Ars.*, *Kreos.*, *Carbo v.*

OVARIAN TUMORS: *Acid. phos.*, *Apis mel.*, *Apocyn. can.*; *Ars.*,  
*Canth.*, *Chin.*, *Colch.*, *Dig.*, *Dulc.*, *Elater.*, *Graph.*, *Hell.*, *Iod.*,  
*Kali hyd.*, *Lyc.*, *Merc.*, *Plat.*, *Prun.*, *Sep.*, *Scilla*, *Staph.*,  
*Thuja.*, *Uva ursi*.

FISTULA: *Puls.*, *Sil.*, *Lyc.*, *Calc.*; *Assa.*, *Carbo v.*, *Bell.*, *Nit. ac.*,  
*Con.*

**Aconite nap.** I know of no local symptoms of any importance, save the profuse and long-lasting catamenia.

**Ammonia carb.** Itching, burning and swelling of the pudenda; fluor albus, burning, acrid and watery.

*Worse* in the evening; also on bending down, and during wet weather.

*Better* when lying on the stomach, or right side, lying on the painful side, from warmth, and in dry weather.

**Apis mel.** Burning—stinging pain in the ovarian tumor; feeling in the bowels as if diarrhœa were coming on; abdomen swollen and tender, with swollen feet and scanty secretion of urine, external tenderness even to the pressure of the bed clothes; bearing-down pain, as if the menses would come on, with aching and pressing in the hypogastrium; coldness and anasarca swelling of lower extremities; sharp, cutting, stinging pain in the swollen ovary, worse during menstruation; pressing-down pain in the

uterus; dropsy of the uterus; menstruation suppressed or diminished, with congestion to the head.

*Worse* in the morning; also from heat, and when in a warm room.

*Better* from cold; (cold water.)

**Arnica mon.** Soreness and bruised feeling in the parts, as if after a difficult labor; useful in diseases arising from blows or falls.

**Arsenicum alb.** For open cancer of the uterus, with burning and agonizing pains, secretion of fetid, brownish or blackish ichor; fainting fits; excessive debility, and rapid sinking of strength; emaciation; burning pains, even felt while sleeping at night; general anasarca; restless sleep, and frequent starting as if frightened; the whole abdomen is painful, excessively so at night; swelling and distension of the abdomen with burning pain; frequent urging to urinate, with burning during micturition; profuse acrid or corroding menses; weakness and painful stiffness of the small of the back; cramps in the legs; weakness and debility of the lower extremities; corroding and acrid leucorrhœa.

*Worse* at night; also from cold, and when lying on the painful side.

*Better* from heat in general, and when lying with the head high.

**Asarum europeum.** Nervous irritability; over-sensitiveness of the nerves, the scratching of linen or silk is insupportable; sensation of lightness in the limbs, when she walks she feels as if she were gliding through the air.

*Worse* in the evening; also in cold and dry weather.

*Better* from wetting the part.

**Aurum fol.** In the beginning of cancer of the uterus, when there is falling of the womb, and pressure on the fundus of the bladder; alternate peevishness and cheerfulness; very sensitive to pain, and the cold air.

*Worse* in the morning; also on getting cold.

*Better* from motion, while walking, and from warmth.

**Belladonna.** In cancer, frequent hemorrhages from the womb, painful pressure on the parts, violent pains in the small of the back, and nervous excitement; great pressure at the genitals as if everything would protrude; stitches in the genitals; dryness of the vagina; congestion and inflammation of the uterus and labia; intense cramp-pains in the small of the back and os coccyx.

*Worse* in the afternoon and at night; also on moving, and from the lightest touch on the parts.

*Better* while standing.

**Bryonia alba.** Despair of recovery, irritable, and inclined to be angry; swelling and inflammation of the left labia majora; stitches in the hip-joint extending to the knee; swelling of the lower extremities; yellow skin.

*Worse* in the evening; also from motion, bodily exertion, and from heat.

*Better* on getting warm in bed.

**Calcarea carbon.** Easily frightened or offended; stiches in the os uteri; itching or pressing in the vagina; varices on the labia; fluor albus like milk; or, burning, itching, in starts, during micturition, or before the catamenia; pain in the small of the back as if sprained, can scarcely rise from his seat after being seated; great weakness and debility from a short walk, or from talking; fainting with loss of sight and coldness; sensation of coldness or dryness in inner parts.

*Worse* in the morning and evening; also in wet weather, in cold air, and from the pressure of the clothes.

*Better* from loosening the garments.

**Cantharis.** Excessive debility, trembling of all the limbs; vertigo; frequently a loss of thirst for days at a time; aversion to every kind of drink; increase of appetite, though at times complete anorexia; inclination to vomit; cutting and heat in the abdomen; violent pain in the abdomen; sensitiveness of the abdomen to the touch; sometimes constipation, and sometimes diarrhœa; painfulness and inflammation of the bladder; scanty secretion of hot urine; constant ineffectual urging to urinate; copious urination, attended by pain and burning; gnawing in the small of the back; "going to sleep" of the lower extremities; inflammation of the ovaries; swelling of the neck of the uterus; over-sensitiveness of all the parts.

*Worse* in the afternoon and at night; also after drinking coffee.

*Better* when lying down.

**Carbo animalis.** In scirrhus of the uterus, with pressive pains in the loins, groins and thighs; distension of the abdomen; flatulence, frequent eructations, and desire to vomit; fluor albus leaving yellow stains on the linen; numbness of the limbs.

*Worse* in the evening and at night; also in the open air, and from cold.

*Better* from warmth.



**Carbo vegetab.** Restlessness and anxiety; sensitiveness and irritability; nausea in the morning, itching, burning and soreness of the parts; aphthæ and itching at the pudendum; thick yellowish-white leucorrhœa; varices of the vulva; rheumatic tearing in the back; painful stiffness in the back in the morning when rising; numbness of the limbs, they "go to sleep easily;" great debility on making the least exertion.

*Worse* in the forenoon; also from cold.

*Better* from warmth.

**China off.** The lower limbs become numb when lying on them; tingling and numbness of the limbs; some patients have a great increase of appetite, and others a complete aversion to all kinds of food; inclination to vomiting and eructations after a meal; oppressive and spasmodic pains in the stomach after a meal; frequent urination; scanty, dark-colored urine; insupportable pain in the small of the back as if bruised or beaten to pieces; weakness and lameness of the lower extremities; congestion of the uterus, with feeling of fullness and painful pressing to, and sense of heaviness of the genitals, particularly when walking; discharge of bloody urine from the vagina, alternating with discharge of pus; painful induration in the vagina.

*Worse* at night; also from being touched if but lightly.

*Better* after rising from the bed or seat.

**Cocculus ind.** Aversion to food; paroxysms of nausea, with tendency to faint; tremor in the back: paralytic pain and paralysis of the back and small of the back; the thighs feel paralyzed and bruised; disposition to tremble; great debility from slight exertion, and inclination to faint.

*Worse* in the evening and at night; also in the open air, and from talking.

*Better* when lying down.

**Colchicum aut.** Sudden sinking of strength; the legs feel as if they would drop off; loss of appetite; this aversion to food is increased on seeing it, still more on smelling it; great thirst; nausea with inclination to vomit; violent vomiting; oppression at the pit of the stomach; pain in the whole abdomen; colicky pains; great distension and swelling of the abdomen; stools exceedingly painful, with disposition to diarrhœa; pain in the anus; increased secretion of brownish urine; lacerations and lacerations in the back; œdematous swelling of the legs and feet.



*Worse* in the morning, and at night ; also while walking.

*Better* when sitting or reposing.

**Conium mac.** In cancer of the uterus, intolerable lancinating pains ; frequent nausea, vomiting ; fancy for odd things to eat, as in pregnancy ; inclination to start as if with fright ; acrid and burning leucorrhœa, preceded by pinching pains in the abdomen ; pain as from a sprain, in the left side of the back ; sensation of debility in the morning when in bed ; sudden loss of strength while walking.

*Worse* in the morning and at night ; also while standing and when at rest.

*Better* from moving about and when walking.

**Digitalis pur.** General weakness and fainting fits ; want of appetite, nausea and inclination to vomit ; vomiting in the morning ; vomiting of the ingesta, or of mucus ; lancinations from the pit of the stomach to the sides and back ; anxious tightness and constriction about the hypochondria ; pressure on the bladder ; unsuccessful desire to urinate ; emission of only a few drops of urine after a great effort ; pain in the thighs and legs, with weakness and lassitude of the lower extremities.

**Dulcamara.** Emaciation ; lassitude ; violent desire for cold drinks ; eructations and nausea after a meal ; vomiting of mucus in the morning ; a sense of inflation at the pit of the stomach ; cutting or pinching pain in the abdomen quickly passing away ; pinching around the umbilicus ; a stinging pain in the umbilical region ; slimy diarrhœa, looseness of the bowels with evacuations of white mucus ; painful micturition ; turbid whitish urine ; lameness of the small of the back as if from a cold ; bloatedness of the lower limbs ; weakness of the lower extremities.

*Worse* in the evening ; also in the cold air, in wet weather, and when at rest.

*Better* from moving about, after rising from a seat, and when walking in the warm air.

**Elaterium.** Discharge from the bowels of frothy water ; dull olive-green discharges.

*Better* from perspiration. A remedy that is little used, and of which, I think, as little is known.

**Ferrum met.** Quarrelsome, disputative ; vomiting of the ingesta as soon as she eats ; hemorrhage from the uterus, with labor-like pains in the abdomen and glowing heat in the face ; the blood is

partly pale and partly clotted; painfulness in the vagina during an embrace; swellings and indurations in the vagina; prolapsus of the vagina; great emaciation; so weak that she has to lie down; restlessness of the limbs.

**Graphites.** Emaciation; weakness of the limbs; excessively tired and drowsy; oppressive headache early in the morning, when awakening bitter taste in the mouth, with little or diminished appetite; sleepiness after dinner; nausea and vomiting of the ingesta; pressure in the stomach; stitches in both hypochondria; constipation; burning in the rectum, and itching of the anus; passage of a quantity of white mucus mingled with the stool; frequent emission of turbid urine; soreness of the pudendum; profuse white leucorrhœa; violent pains in the small of the back as if from a bruise; heaviness in the lower limbs; JAHR adds to these, (in cancer uteri,) warmth and painfulness of the vagina, engorgement of lymphatic vessels and mucous follicles, hardness of the neck of the womb, which is swollen and covered with fungous excrescences; heaviness of the abdomen, with exacerbation of the pains, and fainting when standing; retarded and painful menses, with discharge of black, coagulated and fetid blood; stitches through the thighs and hypogastrium, like electric shocks; burning pains, constipation, earthy complexion, sadness and restlessness. LIPPE adds, soreness of the vagina; painful swelling of the left ovary.

*Worse* at night; also from cold, and during and after menstruation.

*Better* after lying down.

**Helleborus.** Great increase of appetite; vomiting of a greenish-black substance; intensely painful burning in the stomach; bowels loose, with nausea and colic; tendency to hemorrhoids; frequent micturition, with small emissions; stiffness and tension of the muscles of the thighs; great weakness of the thighs and legs; suppressed sexual desire.

*Worse* in the afternoon and evening; also in the cold air, and from bodily exertion.

*Better* in the warm air.

**Hyoscyamus nig.** Voracious appetite and thirst; vomiting of blood and bloody mucus; distension of the abdomen, with pain when touched; pain as from soreness in the abdominal walls when coughing; frequent desire to urinate, with scanty emission; menstruation too profuse with delirium; before menstruation hysterical

spasms, with uninterrupted loud laughing; metrorrhagia, the blood pale with convulsions; cramps in the anterior part of the thigh; uncommon sinking of strength; repeated attacks of fainting; subsultus tendinum.

*Worse* in the evening; also during menstruation.

*Better* by stooping.

**Iodium.** Numb feeling in the thighs and legs; emaciation with hectic fever; extreme emaciation; sleeplessness; excessive canine hunger; in other cases want of appetite; empty eructations; nausea, with vomiting of bile; pressure in the region of the liver, the spot is painful to the touch; incarceration of flatulence; constipation, or irregular stools, sometimes loose, then costive; retention of urine; stitches in the small of the back; heaviness of the limbs; menstruation irregular sometimes too early, sometimes too late; leucorrhœa corroding the linen, acrid and profuse; induration and swelling of the uterus and ovaries; great irritability of the whole nervous system; trembling of the limbs.

*Worse* in the evening, and at night; also from lying on the painful side, from pressure, from warmth, and in a warm room.

*Better* from cold.

**Kali carb.** Vexed and irritated mood, trifles vex one, noise is disagreeable; nausea as if she would faint; tension across the abdomen; hard, distended abdomen, with tenderness of the umbilical region to the touch; suppressed menstruation; suppression of menses with anasarca and ascites; the menstrual blood is acrid, makes the thighs sore, and covers them with an eruption; yellowish, burning leucorrhœa, with pain in the small of the back, labor-like pains, and itching and burning in the pudendum; a short walk is very fatiguing.

*Worse* in the morning; also from cold air, and when lying on the side.

*Better* on getting warm.

**Kali hydriod.** Every little noise makes one start; the food has no taste; tastes like straw; cutting and burning around the umbilicus; suppressed menstruation; frequent urging to urinate when the menses appear; thin, watery, acrid, corrosive leucorrhœa; discharge of mucus from the vagina; irresistible desire to go into the open air.

**Kreasote.** Swelling of the labia, with itching in the vagina; stitches through the thighs like electric jerks; dark coagulated

menstrual discharges, followed by an ichorous and corrosive discharge; painful pressure on the parts; itching in the vagina in the evening, inducing rubbing, succeeded by smarting, swelling, heat and induration of the external parts, with soreness in the vagina when urinating; on the neck of the uterus a hard lump, and ulcerative pain during an embrace; during an embrace burning in the parts, and followed next day by menstrual discharge of dark blood; leucorrhœa, mild, corrosive, debilitating; pain as if the small of the back would break; pain in the small of the back like labor pains; strong pressure to urinate, and ineffectual desire to go to stool; pain in the back at night, worse on lying down; humming and buzzing in the lower extremities; faintness in the morning when rising too early; sensation of soreness, as if bruised.

*Worse* in the morning; also in the open air, and on moving about.

*Better* from warmth.

**Lachesis.** Nervous irritability; nausea and vomiting of food; vomiting of bile or mucus; heat in the abdomen; great discomfort from having the clothes tight around the waist; menstruation suppressed; the uterus feels as if the os were open; redness and swelling of the external parts, with discharge of mucus; swelling, induration, pain and other anomalies of the left ovary; sexual desire excited; pain in the os coccygis, when sitting down one feels as if sitting on something sharp; trembling of the legs; severe weather, either hot or cold, causes great debility.

*Worse* in the evening; also after sleep, and periodically.

**Lycopodium clav.** Stiffness of the joints; weariness, extreme weakness and emaciation, with tremor of the limbs; sleeps poorly; starts on falling asleep; hunger at times excessive, and again diminished; nausea and vomiting; nausea before breakfast every morning; nightly vomiting of bile; tension in the lower part of the region of the liver; sore aching in the right hypochondria; drawing pain in the abdomen; gurgling in the abdomen; ineffectual urging to stool; hemorrhage from the rectum; frequent and painful urination; urine has a reddish, brick-dust sediment; pain in the small of the back; stiffness and aching, or drawing pain in the back; chilliness of the small of the back; cold and heavy feeling in the limbs; for open cancer with tearing stitches; burning pains in the vagina after intercourse; warmth and dryness in the vagina; bloody leucorrhœa.

*Worse* in the evening; also on lying down, while sitting, on beginning to walk, and from the pressure of the clothes.

*Better* on getting cold, (and in the open air.)

**Magnesia carb.** Sad mood, with indisposition to talk; cutting and pinching in the abdomen; secretion of urine increased, is pale, watery, or green; white sediment in the urine; pressing towards the pelvis as if menstruation would come, with cutting in the abdomen; menses too late, or suppressed; menstrual blood thick, dark like pitch; fluor albus of acrid white mucus, preceded by colic; pain in the back, and small of the back, at night, as if broken; sensation of being tired, especially in the feet, and when sitting; a short walk tires much.

*Worse* at night; also when at rest.

*Better* from walking about.

**Mercurius.** Disgust of life, great indifference to anything; sweat at every motion; great inclination to sleep in the day time; late and unrefreshing sleep at night; pain in the abdomen, the least touch aggravates it unbearably; desire to urinate; urine scanty, fiery-red, and of a sour smell; griping or bruised pain in the small of the back; painful pressure in the thighs; menstruation too profuse, with anxiety and colic; suppressed menstruation; congestion of blood to the uterus; swelling, heat, and shining redness of the labia; inflammation of the ovaries and uterus; prolapsus vaginæ; fluor albus, purulent and acrid.

*Worse* in the evening, and at night; also from the heat of the bed, during perspiration, and when exercising.

*Better* when at rest, when lying down, and from cold.

**Nitric acid.** Irritable disposition; vexed at trifles; incontinence of urine; urine is discharged cold; soreness of the genitals; menses too early, or suppressed menstruation; leucorrhœa acrid, offensive, like brown water; great debility, with heaviness and trembling of the limbs, especially in the morning.

*Worse* in the evening, and at night; also on awaking, and on touching the parts.

*Better* when riding in a carriage.

**Nux vomica.** Inclined to find fault and scold, morose and stubborn; cannot bear the clothes tight about the hypochondria; strangury, painful, ineffectual urging to urinate; menses too early and profuse, with dark-black blood; congestion to, and bearing down of the uterus; inflammation of the uterus, and external



parts; pain as if bruised in the small of the back and back, so violent that she cannot move; numbness, stiffness, and tension in the legs; great debility of the nervous system, with over-sensitiveness of all the senses; inclination to lie down, or to sit, with aversion to move about, or to the open air.

*Worse* in the morning, and at night; also from motion, and on being touched.

*Better* from pressure, and when lying down.

**Phosphorus.** Great excitability, becomes easily vexed and angry, from which she suffers afterwards; soreness of the abdomen to the touch when walking; increased secretion of watery, pale urine; menstruation too early and too profuse, and of too long duration; or, too early and too scanty, and watery; stitches upward in the vagina, into the pelvis; leucorrhœa acrid, drawing blisters and excoriating; great emaciation and nervous debility, and trembling in all the limbs from the least exertion; over-sensitiveness of all the senses.

*Worse* in the evening, in the night, and in the forenoon; also when lying on the back, or left side.

*Better* when lying on the right side, and after sleeping.

**Phosphoric acid.** Perfect indifference: the uterus is bloated, as if filled with wind; weakness of the legs; great drowsiness.

*Worse* in the morning and evening; also from talking, and when at rest.

*Better* from motion.

**Platina met.** No appetite; much thirst; empty eructations in the morning; continual nausea, with great languor; anxiousness, with a trembling sensation through the whole body; a writhing sensation around the umbilicus; constipation; difficult stool; red urine; pain in the small of the back as if broken; feeling of weakness with tremulous uneasiness in the thighs; pain in the thighs as if they were bruised; painful sensitiveness of the genitals, internally and externally; bearing down to the genitals, and pressing down in the abdomen; unnatural excitement of the sexual desire, with voluptuous tingling in the external and internal sexual organs; induration of the uterus; menstruation too early and too profuse, lasting but a short time, with clotted dark blood; metrorrhagia, with great excitability of the sexual system; paralytic weakness in the limbs, especially when at rest.

*Worse* in the evening; also when at rest.



*Better* during motion.

**Prunus spinosa.** Cutting across the abdomen; tenesmus of the bladder; pain in the small of the back when sitting; tickling-itching in the region of the ovaries, not relieved by scratching or rubbing; menstruation too early, with violent pain in the small of the back; metrorrhagia of thin, pale blood, becoming more watery the longer it lasts; leucorrhœa excoriating, turning the linen yellow.

**Pulsatilla.** Peevishness, which increases to tears; menstruation too late, and too scanty, and of too short duration, with cramps in the abdomen; blood thick, black, clotted, or thin and watery; suppressed menstruation; metrorrhagia, with coagulated clotted blood, with false labor-pains, now stopping, and then stronger again; leucorrhœa acrid, burning, like milk, and painless; pains in the back, and chilliness from suppressed menstruation; attacks of fainting, with great paleness of the face.

*Worse* in the evening; also from warmth.

*Better* from cold, and in the open air.

**Rhus tox.** Absence of mind; visible contraction in the abdomen above the navel; frequent urging to urinate day and night, with increased secretion; diminished secretion of urine, although a great deal is drank; bearing-down pain when standing; catamenia too early, too profuse, and too protracted; hemorrhage of clotted blood, with labor-like pains; soreness and stitches in the vagina; menstrual blood acrid; pain in the small of the back when sitting still or lying; great debility, weakness and soreness, especially when sitting, and when at rest.

*Worse* in the morning; also when at rest, while lying down, during wet weather, when the weather changes, and from cold in general.

*Better* when walking, from continued motion, and from warmth.

**Ruta graveolens.** Inclination to quarrel and contradict; gnawing and eating pain about the navel; frequent pressure to urinate, with scanty emission of green urine; pressure on the bladder as if continually full, the pressure to urinate continues after micturition; menstruation irregular, followed by leucorrhœa; corrosive leucorrhœa after the menstruation has ceased; pain in the back and on the os sacrum, as if bruised; stitches in small of the back when sitting, walking or stooping; sensation of soreness of the parts on which one lies.

*Worse* in the afternoon? also during rest, and in cold wet weather.

*Better* from motion.

**Sabina.** Low-spirited and joyless; soreness of the abdominal muscles; pressing down towards the genitals; frequent and violent urging to urinate, with profuse discharge; menstruation too early and too profuse; hemorrhages with partly pale-red, partly clotted, or of very thin, discolored, offensive smelling-blood; very offensive-smelling leucorrhœa, after suppressed menstruation; stitches deep in the vagina; increased sexual desire almost amounting to nymphomania; labor-like pains, drawing down into the groins; twitching pulsation in the blood vessels.

*Worse* in the morning, and in the evening; also on motion, or when standing up.

*Better* when lying perfectly still.

**Sanguinaria can.** Angry irritability, moroseness; pain in the left hypochondria, worse when coughing, and better when lying on that side, or from pressure; frequent and copious nocturnal urination, urine clear as water; menstruation too early, with a discharge of black blood; amenorrhœa; uterine hemorrhage; flatulent distension of the abdomen in the evening, with escape of flatus from the vagina, the os uteri being dilated; bruise-like pain in the thigh, alternating with burning and pressure in the chest; great debility, with weakness in the limbs while walking in the open air; weakness with palpitation of the heart, fainting weakness.

*Worse* in the morning, and in the evening; also from motion.

*Better* when lying still.

**Scilla maritima (Squilla).** Restless sleep; complete loss of appetite; empty eructations; hard, scanty feces; great desire to urinate, with rather scanty emission; the thighs feel as if bruised; jerking of the limbs when sitting; painful sensitiveness of the abdomen, in the region of the bladder.

*Worse* in the morning; also from motion.

**Secale cornutum.** Great anxiety; pains in the groins, as from false labor-pains; urinary secretions suppressed; pale, watery urine; menstruation profuse, and of too long duration; hemorrhage from the uterus of black liquid blood; swelling of, and warts on the half-open uterus; inflammation of the uterus from suppressed lochia, or menstruation; tingling in the back, which is numb, devoid of feeling, extending to the tips of the fingers.

*Worse* at night; also from motion, on touching the parts, from walking, from warmth, and on getting warm in bed.

*Better* in the open air, and whilst standing.

**Sepia.** For soft (?) scirrhus; with painful pressure downwards, with burning in the parts, eruptions on the inside of the labia, soreness and redness of the vulva; lancinating jerks, from the fundus of the vagina to the umbilicus; frequent bloody discharges between the periods, especially after intercourse; putrid leucorrhœa, (JAHR). Pressure at the genitals as if everything would protrude; induration of the neck of the uterus; violent stitches in the vagina upwards; redness, swelling, and itching humid eruption on the labia; catamenia too early and profuse, or too scanty or suppressed; leucorrhœa of yellow or greenish water, like pus, or bad smelling fluids; weakness of the small of the back when walking; pulsation in the small of the back; heaviness in the body; a short walk fatigues much; aversion to the open air; want of natural heat; weakness of the joints.

*Worse* in the forenoon, and in the evening; also when at rest, when sitting, from sexual excesses.

*Better* from warm air, and from violent exercise

**Staphisagria.** Weakness of memory; sensation of weakness in the abdomen, as if it would vanish; profuse discharge of watery, pale urine, with much urging; painful sensitiveness of the sexual organs, especially when sitting; violent stitches upwards in the back; pulsative pain in the region of the hip-joint as in commencing suppuration; stiffness and sensation of fatigue in all the joints in the morning.

*Worse* in the morning, forenoon, and at night; also from sexual excesses, and from touching the parts.

*Better* while lying down in bed.

**Strontiana carb.** Ill-humor, with inclination to anger and impetuosity; urine pale, strongly smelling of ammonia; menstruation retarded, the discharge being serous at first, later clots of blood are passed; sensation of being bruised in the back and sacrum; great emaciation.

*Worse* in the evening, and at night; also from cold.

*Better* in the open air, in the sun, and from warmth in general.

**Sulphur.** Peevishness, irritability, restless, quick temperament; movements in the abdomen as from the fist of a foetus; retention of urine; frequent micturition at night; discharge of urine only by drops; foetid urine, with a greasy pellicle on it; menstruation too late, of too short duration, too scanty or suppressed; men-

strual blood acrid, corroding the thighs, smelling sour, or else too pale; bearing-down in the pelvis, congestion to the uterus; leucorrhœa of yellow mucus, corroding, preceded by pains in the abdomen; pain in the small of the back, on rising from a seat; gnawing pain in the small of the back; pain in the small of the back not permitting one to stand erect; weakness of the joints.

*Worse* in the evening, or after midnight; also on getting warm in bed, from exertion of the body, from talking, while at rest, when standing, and from touching the parts.

*Better* during motion, when lying on the right side, from heat, and in dry weather.

**Sulphuric acid.** Restlessness and irritability; JAHR says, in most cases, (of cancer) at the onset, especially in open cancer, with violent burning pain in the vagina. LIPPE: Pain in the abdomen like labor, extending to the hips and back; menstruation too early and too profuse; impotence, with too early and too profuse menstruation; leucorrhœa acrid or burning, or like milk; stiffness of the back on rising in the morning; painful weakness of the knees; weakness of the whole body, with a sensation of trembling.

*Worse* in forenoon, evening, and at night; also in the open air.

**Thuja occident.** Movements in the abdomen as if from something alive, or as if the muscles were pushed out by the arm of a fœtus, but painless; profuse perspiration before menstruation; foaming urine, the foam remaining a long time; beating and pulsating in the back; when walking the limbs feel as if made of wood.

*Worse* in the evening, and at night; also from cold-wet, and from the heat of the bed.

*Better* from warm-wet, and from turning from the left to the right side.

**Uva ursi.** The indications are not characteristic, and of very doubtful authority. I presume it is used empirically.

**Veratrum album.** Great sensitiveness of the abdomen to the touch; suppressed urinary secretion; continuous urging to urinate; catamenia too early, and too profuse; suppressed menstruation; on appearance of the menses, diarrhœa, nausea, and chilliness; before menstruation headache, vertigo, night sweat, and epistaxis; during the menses, morning headache, nausea, ringing in the ears, thirst, and pain in all the limbs; suppressed lochia, with delirium; nymphomania of lying-in women; back and small of back feel

sore as if bruised; sudden sinking of strength; continuous weakness and trembling.

*Worse* in the morning; also during perspiration and after sleep.

*Better* after perspiration.

#### OPERATIONS.

*Entero-vaginal fistula* had better be let alone. All the other varieties of fistula opening into (or from) the vagina, are curable by operation. The main object in these operations is, to prevent the passage of feces or urine through the vagina. For this purpose the fistula must be made to heal from the bottom. If the opening be circular or oval, the *shape* must be changed. Introduce a bivalve speculum into the canal, and with a long-handled knife remove an elliptical-shaped piece of the coats through the entire thickness of the walls; this must include the hard callous edges; draw the freshened edges together. One of the greatest difficulties formerly, was the impossibility of getting the sutures to hold long enough for the wound to unite. DR. MARION SIMS has overcome this, by the introduction of his "button suture." When a stitch is passed through in the ordinary way, there is constant danger of its cutting its way out before union has been established; by his method, the two ends are passed through the holes of an ordinary button, and if wire, are then twisted together by forceps; if of silk, a split shot is applied with pliers. The after treatment will consist in the administration of *Staphisagria*, and enjoining perfect cleanliness on the part of the patient and nurse, with perfect quiet on that of the patient. The bowels must be kept perfectly immovable, and in urinary fistula, a catheter must be constantly worn,

*Ovarian tumors* are removed by making an incision through the linea alba, from the umbilicus nearly down to the pubis. The cysts are then emptied with a trocar and canula, one at a time, and, for the sake of accuracy in keeping your "notes," the fluid is measured as it comes away. A carbolized cat-gut ligature may be passed through the pedicle of the mass doubled, and tied tightly on both sides, or the vessels closed by torsion. The whole is then removed, by some with the knife, but by many others with the *ecraseur*. The same precautions about dividing the fascia and peritoneum are to be observed as in hernia. Avoid all unnecessary handling of the exposed parts, as peritonitis, inflammation of other tissue, and gangrene are very commonly met with, and frequently carry off your patient.



## SURGICAL DISEASES OF THE JOINTS.

SYNOVITIS, ARTHRITIS, WHITE-SWELLING, ANCHYLOSIS, HIP-DISEASE, ENLARGED BURSÆ, GANGLIONS, WOUNDS, DISLOCATIONS, STRAINS.

## SYNOVITIS.

THIS is an inflammation of the synovial membrane. It may be acute or chronic, traumatic or (so-called) idiopathic. The causes are exposure to cold, or some direct injury. To the first cause rheumatic and syphilitic persons are peculiarly liable. The synovial fluid is not only increased in quantity, but also in fluidity; and when the swelling is great it is known as *hydrarthrosis*. The simple form usually terminates in resolution, but may result in an abscess. The gravity depends upon the size of the joint. Suppuration is the one thing to be dreaded in all cases. The symptoms are, pain, heat, redness and fluctuation. The pain is usually severe, not admitting of pressure, motion, or even the lightest touch. In rheumatic synovitis, the pain is of a gnawing character.

## ARTHRITIS.

GOUT is an inflammatory condition of the structures of a joint. The pathological conditions are interesting *as* pathology, but can aid us but little in treatment. The cartilages are primarily and most severely affected, and ankylosis often results. It is often hereditary, and when not so rarely makes its appearance before the age of thirty-five, though if transmitted, it may, and usually does, appear much earlier. It is not confined to any particular locality of the body, although the joints are principally affected. Some, or any of the internal organs may be so diseased by metastasis, but rarely primarily. Among the exciting causes, when there is arthritic tendency, may be enumerated wounds, strains, exposure to cold, etc. Frequently concretions form, which may force themselves through the skin, and are usually composed of



urate of soda. Nodosites also are a usual occurrence. Several joints may be affected at the same time, and the pain, without positively intermitting, has a periodical aggravation, and partial remission.

In common, there is pain, heat, and swelling. The pain is throbbing and tensive, and is very acute; the slightest touch or motion is excruciating, so that heavy walking, the jarring of the bed, or the rumbling of vehicles in the street is insupportable. The sufferings are usually more severe at night. The pain is felt more particularly at certain spots in the joint, as the inner and under side of the knee, or the outer side of the hip. The swelling is uniform, including the whole joint; while in synovitis, it projects in certain parts. Unlike synovitis again, there is no fluctuation, but the part has a doughy feel and is soft. This swelling, however, sometimes increases rapidly, and is due, perhaps, to the presence of pus in the joint, or to an increase of the synovia. *Abscesses* sometimes form, from the effects of which the synovial membrane gives way, and we have an enormous diffuse abscess, which burrows for a long distance. I have seen one formed in the hip and point in the popliteal space. As in hip-disease, the joints involved sometimes become spontaneously luxated. The positions of the limb are also peculiar, being that which will afford the most relief, as the knee flexed and thigh abducted, and the elbow bent. One of the most important conditions is to preserve a perfect rest, and avoid all stimulating or heating diet. Rest, perfect and absolute is the *prime* indication, and without it any treatment will be abortive.

#### WHITE-SWELLING.

By this term we understand a thickening of the joint, colorless swelling, weakness, with little or no pain; the remainder of the limb atrophied, and the whole appearance indicating the presence of struma. Any joint in the body may be affected by this disease but the knee is oftenest the chosen seat. The termination is rarely by resolution; oftener the cartilages are destroyed, caries or necrosis of the bone are the result, with unhealthy suppuration and consequent destruction of the articulation. Like many other diseases of this nature, the occurrence is rarely idiopathic, but usually the amount of injury sustained is so slight that its traumatic origin is not suspected. LISTON and GROSS, considering it a symptom of scrofula, discarded the term from surgical nomenclature.

## ANCHYLOSIS.

By this we understand an immovable joint. It may be *partial* or *complete*. When the former, it may be ligamentous, or if care be taken in the examination, it may be found to be contraction of the muscles. When complete it is osseous, and I believe incurable, by any kind of treatment, except possibly, by an operation. The causes for this condition have been referred to in the preceding pages.

## HIP-DISEASE.

"Coxalgia," or "morbus coxaria," is an inflammation of the hip joint, with destruction of the cartilages, spontaneous dislocation, and destruction of the joint. I am unable to see in what respect this disease differs from white-swelling just considered. The effects and causes are identical, as far as I can learn, and certainly the treatment, as far as we are concerned, is not changed in consequence of its having a new name. The symptoms, then, are not at all peculiar. They are pain, swelling, and inflammation; perhaps suppuration and shortening of the limb, real or apparent. The pelvis may be distorted, or the spine curved, and these parts must be well looked to before pronouncing an opinion. In the early stages, pain is often felt in the knee; but as this joint looks healthy while the hip does not, there need be no confusion. Abscesses form at various points in the vicinity, and from their extent and severity frequently carry off the patient from exhaustion.

## ENLARGED BURSEÆ.

BURSEÆ from pressure or long continued misuse of the part upon which they are situated, become inflamed, forming painful and fluctuating tumors, oval in shape. After a time they become harder from a solidification of their contents, and resemble ordinary tumors. Not unfrequently they suppurate and are destroyed in that way; but when recent the pain is very severe, although there is a considerable amount of pain at all times.

Those tumors known as bunions are a common variety of this affection.

## GANGLIONS.

THESE bodies are found in the vicinity of tendons, their chosen position being the wrist. They are smooth, globular and elastic,

and quite movable. Usually there is no pain, unless they are handled or pinched, when a dull pain is felt. If a nerve be pressed upon by them, however, pain and the symptoms usually resulting from such pressure will be felt. They may be simple or compound. When simple, (which variety is the most common,) they consist of a cyst filled with a clear transparent fluid, and varying in size from a pea to that of an ordinary cherry. The contents are usually yellow in color, and varying in consistency from a thin water to a substance like jelly. Compound ganglia are a mere distension of the sheaths of the tendon, and are consequently more irregular and attain a larger size.

#### WOUNDS OF THE JOINTS.

*Wounds of joints* are troublesome injuries to treat; ankylosis, and a train of evils consequent upon opening a joint, are all of them very obstinate. If we notice the escape of the synovial fluid, we may be certain the joint is opened; in many very severe cases, we find the articulation exposed. The symptoms of these injuries are very severe, and of course depend in a great measure upon the size of the joint opened; that of the knee is the most serious; ankylosis, suppuration of the joint, necrosis, or even death may follow; but in the case of the fingers, but little impairment of function will follow. The nature and extent of the wound also must be taken into consideration, in forming a prognosis. Incised wounds are not as formidable as punctured, although they look much more so; an incised one can be healed right up, and we have a better chance to prevent suppuration. In this variety, close it immediately, and use pins, or silver wire in preference to silk; keep the part wet with cold water, and give *Acon.* 6, in water, one spoonful every hour. After this treatment has been employed for twenty-four hours, suspend it, and use the topical *Staphisagria* treatment. If this is insufficient to keep the inflammation in check, *Staphisagria* 30, internally, will be the remedy. I have sometimes had good results from the external use of crude *Petroleum*, but am not inclined to recommend its general use. As an exception to the general rule, if suppuration threatens, *do not by any means promote the secretion of pus; exhaust the Materia Medica in trying to prevent it.* Should it come, however, the only chance of saving the joint is to lay it open, and commence *de novo*. By this means we

ensure a stiff joint, but lessen the danger of caries or necrosis. The best remedies for this danger are:

From incised wounds.—*Calend.*, *Staph.*, *Rhus*.

From punctured wounds.—*Calend.*, *Merc.*, *Ruta*; *Petrol.*, *Stram*.

In the case of punctured wounds, *Calend.* is not as useful as some other remedies. *Stram.* is more in favor with the profession. Of late the crude *Petroleum*, not the white, gummy substance, but the black, pitch oil, just as it comes from the wells, has been used with very good results. Dilute it, in the proportion of one to ten, with *Sulphuric ether*, and use it as a lotion.

The question of amputation is a serious one in these cases; it is too often resorted to by some, and too little by others. When the joint is large, the patient has not a strong constitution, the injury extensive, accompanied by lacerations, fractures, dislocations, amputation, except in some rare cases, is imperatively demanded.

Blows and kicks are often productive of serious bruises about the joints.

#### DISLOCATIONS.

DISLOCATIONS, otherwise called luxations, are displacements of two or more bones. A dislocation may be *accidental*, from external violence, or *spontaneous*, from disease. It may also be *incomplete*, in which case the displacement is but partial, and not necessarily conjoined with rupture of the ligaments: or *complete* when the ligaments are torn, and the bones completely out of their natural relations. When an external wound exists at the same time, it is called a *compound* dislocation; and if arteries or nerves are torn, or a bone fractured, it is termed *complicated*.

It is frequently the case that a very slight force will induce a dislocation of a large joint, so that caution must be used in making a diagnosis. A boy was struck on the hip by an apple falling from a tree. The blow was a slight one, but careful examination revealed a complete dislocation of the femur.

The most constant signs are pain, immobility more or less complete, and distortion of the limb. Pain is often more violent in inverse proportion to the amount of injury sustained, or rather to the completeness of the luxation. Thus there is oftentimes more pain in a partial dislocation of the semi-lunar cartilages of the knee-joint, than in a complete luxation of the hip. *Immobility*, on

the contrary, seems to be greater the more complete the displacement. This is true also of deformity.

Having correctly diagnosed the case, let us consider the indications to be fulfilled in curing it. These indications are reduction, retention, and restoration of the joint.

*Reduction* is to be accomplished with the least possible exertion of force—violent effort, as the use of pulleys, only complicates the case, as the irritability of the muscles is much increased, and injury may be inflicted on the muscles, bloodvessels, or even the bones, very readily. A thorough knowledge of the mechanism of the joint is indispensable. By producing profound anæsthesia, gentle manipulations will invariably, almost, return the bone—of course these manipulations vary in the different joints, and cannot be given here, but this general rule may be laid down: First place the limb in such a position that the muscles are thoroughly relaxed; then fixing the shaft near the luxated extremity, over some fixed point, (or if none exists, over the hand,) the shaft is converted into a lever, and the extremity *lifted* or rotated—as the case may be—into its proper place.

Having thus reduced the luxation, we must now consider the means to be used to accomplish *retention*. They must be as simple as is consistent with safety. I make it a rule, in all cases except the shoulder perhaps, to dispense with bandages, or any heating and unyielding dressings or splints. Secure extension and counter-extension, and lay a bran or sand-bag on each side of the limb. A limited amount of motion is valuable in place of being hurtful.

The luxation has now been reduced, and the joint retained, but we have still to cure our case; that is to restore the tonicity of the parts involved, or to heal any lesions they may have sustained. Rest does a good share of this, but well-selected remedies hasten it. *Rhus* and *Ruta* are oftenest indicated in partial dislocations. *Rhus*, when, joined to the usual symptoms of a sprain, there is irritation of the skin, a fine vesicular rash, and a feeling as if at *every motion of the joint (ankle?) the bones spread apart*.

Should there be much laceration of the soft parts, *Calend.* is the remedy. In fracture complications, *Symphyt.*

Should an artery be torn, it must be tied of course. It is a matter of considerable difficulty to detect this injury, and fortunately it but rarely occurs. Should gangrene threaten, from a wounded artery cutting off the supply of blood, and the tissues in



the neighborhood being much torn or contused, *Ars.* or *Lach.* in connection with external heat may save the limb. I recommend the use of *all* these remedies in the higher attenuations, and invariably trust to them alone without any external medicated lotions.

A serious question sometimes arises in complicated dislocations, viz: whether the limb can be saved or not. It is a question of such magnitude, that it is not safe to act on your own opinion when counsel can possibly be had. Two facts must always be borne in mind:

1st.—It is as much an error to neglect to amputate when needed, as to perform it when it might be avoided.

2nd.—Nature can and does perform some most wonderful cures in what would seem to be the most hopeless cases, when aided by rational treatment. Let me cite one case to support this:

A carpenter fell from the roof of a building, sustaining a complete complicated dislocation of the right ankle—the sole of the foot looked almost directly upwards, integument torn so the joint was open, all the internal ligaments upturned, and the fibula fractured. Reduced. Treated with *Calendula*, followed by *Symph.* Recovering with an ankylosis of course, but a singular compensation occurred. He has a complete joint at the meta tarso phalangeal articulation.

#### STRAINS.

*Injuries to Muscles and Tendons* consist in *rupture* or *strain*. The *rupture* of a muscle or tendon, is quite a common thing, and may occur in all degrees of severity. A partial rupture is not readily diagnosed, but when it is complete, the question is quickly decided. When an accident of this kind occurs, perfect rest, and a position that will ensure complete relaxation of the muscles, is necessary. The subsequent treatment is that for repairing severed parts after sub-cutaneous operations. *Calendula* 30th, or even higher, will be found very useful in this connection. There is but little risk of any unpleasant consequences, save the danger of contraction of the muscles, which a good position during the treatment will avoid. These injuries are nothing but an aggravated form of *sprain*.

*Strains* are violent twisting of the soft parts surrounding a joint; they may be a stretch of the muscles only, or of the tendons, the ligaments, or even a partial dislocation. The accident is most



commonly met with in the ginglymoid joints, and in some people is an accident frequently repeated. It has happened sometimes, that one of the vessels of the joint has been ruptured, thus producing heat, ecchymosis, and other troubles of a like nature. I am opposed to local treatment in *any* cases save those of wounds alone. I should recommend then, to maintain perfect quietness on the part of the patient, and the internal use of remedies alone.

The remedies most frequently used are, *Arnica*, *Bryonia*, *Conium*, *Natrum mur.*, *Petroleum*, *Rhus tox.*, *Ruta g.*, *Sulph.*

**Arnica.** Hot, hard, and shining swelling of the part affected; red, blue, and yellow spots, like ecchymosis; painful lameness in the joints; disagreeable sense of dull tingling, or dull pain in the affected part.

**Bryonia.** Heaviness, and weakness in the limb; trembling of the limbs, when rising from a recumbent posture; stiffness of the joints; weakness; loss of strength on making the least effort; redness of the part, with pain as if luxated, or sprained by lifting, or wrenching; ecchymosis, with swelling, and stinging.

**Conium mac.** Crampy, and spasmodic pain in the part; violent pain as if from bruises in the limbs; lacerating in the sprained part; pulsative jerking; want of animal heat; chilliness.

**Natrum mur.** Sprains with apparent shortening of the tendons; drawing and pressure in the part; inflamed and smarting; feeling as if the flesh were detached by blows; feeling as if the part had gone to sleep; on stepping on floor, feels as if he were walking on red-hot coals.

**Petroleum.** Cracking of the joints, with stiffness; paralytic drawing with pressure; the arms and legs go to sleep easily; weakness of the joints; pains in the limbs as if bruised; stitching pain, or as if from a splinter in the part.

**Rhus tox.** Some time ago, I had a patient who, whenever she had her ankle sprained, suffered with a peculiar pain, which lasted for days, or even one or two weeks; this pain I removed any time in twenty-four hours. It is a symptom that you will not find in the *Materia Medica*; *sensation as if the bones of the ankle were split, and spreading apart when she stepped on that foot, closing again on raising it*; other indications are: swelling of the parts, with inflammation and stinging; the pains are worse on beginning to move; go off after motion; stitching in the joints; lacerating drawing in the parts; lameness of the joints.

**Ruta graveolens.** Bone pains, burning and gnawing in the periosteum; pains in the joints as after a fall, or contusion; pain in the bones of the wrist joint, as if bruised, both during rest and motion; heaviness, and weakness of the limbs.

**Sulphur.** Drawing pain in the limbs in the evening; sticking pains in the joints; violent drawing and lacerating in the knees; pains with great swelling; also pains with no swelling; redness, numbness, or burning of the parts; itching, stinging, smarting, and swelling.

**Treatment.**— In conducting the treatment of diseases of the bones and joints, there must be no frittering away of important time with topical treatment; use the remedies internally alone. In diseases of the joints consult the following:

SYNOVITIS: from Cold.— *Acon.*, *Bell.*, *Bry.*, *Cham.*, *Chin.*, *Dulc.*, *Graph.*, *Lyc.*, *Merc.*, *Nux v.*, *Puls.*, *Phos.*, *Rhus*, *Sep.*, *Sulph.*, *Verat.*

—— from Injury.— *Arn.*, *Baryt.*, *Con.*, *Hep.*, *Rhus*, *Ruta*, *Staph.*, *Sulph.*

—— from Syphilis.— *Apis*, *Ars.*, *Hep.*, *Merc.*, *Nit. ac.*, *Sulph.*, *Thuja.*

—— from Scrofula.— *Ant. c.*, *Apis*, *Ars.*, *Aur.*, *Baryta*, *Bell.*, *Calc. c.*, *Carbo v.*, *Dulc.*, *Hep.*, *Iod.*, *Kali*, *Lyc.*, *Merc.*, *Nit. ac.*, *Nux v.*, *Phos.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Sulph.*

ARTHRITIS: *Acon.*, *Bry.*, *Puls.*; *Arg.*, *Arn.*, *Aur.*, *Calc.*, *Clem.*, *Colch.*, *Coloc.*, *Con.*, *Guaj.*, *Hep.*, *Iod.*, *Kali*, *Led.*, *Lyc.*, *Mang.*, *Mezer.*, *Phos.*, *Rhod.*, *Sabin.*

ARTHRITIS VAGA: *Arn.*, *Asaf.*, *Mang.*, *Nux mos.*, *Plumb.*, *Puls.*, *Rhus.*

—— Nodosities.— *Agn. c.*, *Ant. c.*, *Aur.*, *Bry.*, *Calc.*, *Calc. phos.*, *Graph.*, *Led.*, *Lyc.*, *Phos.*, *Rhod.*, *Sabin.*, *Sep.*, *Sil.*, *Staph.*, *Zinc.*

—— Contractions.— *Bry.*, *Calc.*, *Coloc.*, *Guaj.*, *Rhus*, *Sil.*, *Sulph.*

—— from Working in Water.— *Calc.*, *Puls.*, *Sarsap.*, *Sulph.*; *Ars.*, *Ant. c.*, *Dulc.*, *Nux v.*, *Rhus.*

—— Precursory Symptoms.— *Nux v.*

—— Recent Metastasis.— *Bell.*

WHITE SWELLING: *Acon.*, *Apis*, *Arn.*, *Ars.*, *Bell.*, *Calc.*, *Con.*, *Graph.*, *Hep.*, *Iod.*, *Lyc.*, *Merc.*, *Nux v.*, *Phos.*, *Puls.*, *Rhus*, *Ruta*, *Sil.*, *Sulph.*

ANCHYLOSIS: *Acon.*, *Arn.*, *Ars.*, *Borax*, *Bell.*, *Bry.*, *Kali*, *Merc.*, *Rhus*, *Ruta*, *Sil.*, *Sulph.*

HIP DISEASE; *Arn., Ars., Bell., Bry., Calc., Coloc., Hep., Merc., Puls., Rhus, Sulph.*

ENLARGED BURSE: *Apis, Ars., Bell., Hep., Merc., Sil., Sulph.*

GANGLIONS: *Apis, Arn., Ars., Baryta, Bell., Con., Kali., Merc., Ruta, Sulph., Thuja.*

**Aconite.** Swelling and burning heat of the joint; bruised pain in shoulder and hip-joint; drawing pain in elbow joints; weakness in region of head of femur, with inability to walk, and a feeling as if it had been crushed, particularly after lying down and sleeping; unsteadiness of the knees, they totter and give way when walking; tearing in the knees as if from a jerk in the inner side; the joints feel painful as if attacked with inflammatory rheumatism; swelling and burning heat of the skin of the affected parts; burning, tingling, and piercing jerks in the lower jaw; painful boring to the left of the lumbar vertebræ; aching pains in the left half of the cervical vertebræ.

*Worse* in the evening, and at night; also in the warm room, and when rising.

*Better* in the open air, and when at rest.

**Agnus c.** Lacerating pain in the joints of the arms; swelling of a finger-joint, with lacerating pain; pain in right hip-joint, violently increased during motion, with debility and weariness; shooting-drawing in the knees and muscles; tearing in the anterior joints of the left toes.

*Worse* in the evening; also on motion.

*Better* from strong pressure.

**Antimonium crud.** Red, hot swelling of the joint; blotches and vesicles as if from the stings of insects, in joints; drawing pain in the finger-joints; also in hip-joint; stiffness of knee.

*Worse* at night; also from heat of the sun.

*Better* when at rest. Left side.

**Apis mel.** (Have cured the following: Arm painless; elbow swollen, red, erysipelatous; fine burning-pricking in the skin; hand looks like wax, and on attempting to lift it, it trembles so that it must be held; inability to move the shoulder-joint; swelling extends for some distance above and below the joint). Sensitiveness to the touch; coldness and swelling of the legs; œdematous swelling of the joints.

*Worse* in the morning, and at night; also from heat.

*Better* from cold water. Left side.

**Argentum met.** Feeling of lameness in the elbow-joint; lameness in the hip-joint and thigh, when walking; cramp-like lacerating in the knees; pain as if bruised, and throbbing in the joints of the feet.

*Worse* at noon; also from motion.

*Better* when at rest.

**Arnica mon.** Heaviness in all the limbs, with painfulness in the joints as if bruised; pain as from a sprain in the wrist-joint; also in the hip; stitches in the knee; pricking in the knee when touched; lacerating in the joints of the leg; hot, hard and shining swelling of the affected parts; painful concussions in the limbs when riding in a carriage, or when stepping hard on the ground.

*Worse* in the morning, and at night; also on moving, from being touched, and from cold.

*Better* from warmth.

**Arsenicum alb.** Drawing and lacerating in the joints of the arms, particularly at night; lacerating in the hips; tearing or drawing lacerating in the knee-joints, and tarsus; stiffness of the knees and feet; tearing in the bones; burning in the bones; pain as if the bone were swollen, or interstitially distended; pain as if from an ulcer in the bone.

*Worse* in the morning, and at night; also from cold.

*Better* from warmth.

**Asafoetida.** Intermittent, pinching, pulsative, or oppressive darting pains; also lacerating pains from within outwards, either relieved by touching the parts, or transformed into different kinds of pains; dark-red, hot swelling of the parts; stitches in the shoulder; also in the elbow; lacerating around the hip-joint when walking; inflammation of, with curvature of the bones; scraping and boring in the periosteum; violent painfulness of the bone to the touch.

*Worse* in the afternoon and evening; also to the touch, and while sitting.

*Better* in the open air. Left side.

**Aurum met.** Dropsical swelling of the joint; fine stitches in the shoulder; lacerating pain in the wrist; lameness and pain in the hip-joint, only when raising from a seat, and walking; pain in the knees as if tightly bandaged. Nightly bone-pains; inflammation and ulceration of the bones; bony tumors on the head, arms and legs; the bones of the skull are painful when lying

down; small exostosis on the head, with boring pain, increased when tumor is touched; the right nasal bone, and adjoining parts of the upper jaw, are painful when touched; violent lacerating in the malar bones; caries of the palate, with bluish ulcers.

*Worse* in the morning; also from cold, and when reposing.

*Better* when moving, and from warmth.

**Baryta carb.** Pain in the elbow, as if from a contusion. Bone-pain at a small spot on the upper arm, as if an ulcer would form there; lacerating and tension in the bones of the lower extremities down to the heel; drawing pains in the bones of the legs.

*Worse* at night; also when sitting, and when lying on the painful side.

*Better* when walking in the open air.

**Belladonna.** Erysipelatous swelling of the parts, with heat, redness and inflammation; lacerating with pressure in the shoulder-joint; lameness and lacerating in the wrist-joint; burning-stinging in the hip-joint; stiffness of the hip-joint; stiffness and immobility of the limbs; tingling in the part. Pain as if bruised in the bones; burning and lacerating pain in the left frontal eminence; violent gnawing pain in the region of the frontal eminences; lacerating and drawing below the malar bones; lacerations from without inwards in the lumbar vertebræ, like stabs with a knife; lacerating in the tibie.

*Worse* at night; also when moving, from touching the parts but softly.

*Better* while lying down. Right side.

**Bryonia alba.** Stiffness of all the joints; stitches in the joints when moving or touching them; shining red swellings, or pale colorless swellings of the part; swelling of the elbow-joint; pain in the wrist-joint as if sprained; tension in the ankle-joint, with hot, red, inflammatory swelling of the feet. Corrosive gnawing of the bones of the head; tension and painful stiffness of the joints.

*Worse* in the evening; also from motion, and from heat.

*Better* from reposing, when still, and on getting warm in bed. Right side.

**Calcarea carbon.** Pain in the shoulder and elbow-joint, as after great fatigue; pain as if from a sprain in the right wrist joint; stitches in hip-joint when stooping; stitches in the knee; feeling as if something in the right wrist joint had been contused.

*Worse* in morning and night; also from cold, and pressure of the clothes.



*Better* from warmth, on loosening the garments, and on drawing up the limbs. Right side.

**Calcarea acet.** Cutting in the acetabulum when sitting.

**Calcarea phos.** Pain in the joints with every storm; exostosis.

**Cantharides.** Lacerating in the joint affected; swelling, heat, redness, or even gangrene of the part; drawing pain in shoulder-joint; boring in the knee, with contraction of the lower limbs.

*Worse* in the morning; also every seven days.

*Better* when lying down. Right side.

**Carbo veg.** Bruised feeling in the joints; paralytic weakness of the shoulder and whole arm; pain as if from contusion in the elbow-joint; drawing in the metacarpal bones; lacerating in the wrists; drawing pain in the hip-joint that extends down the thigh; burning about the knee; lameness of the knee-joint. Lacerating in the bones of the head; burning in bones; drawing pain in the upper and lower jaw; lacerating jerks in the right upper jaw; spasmodic pain in the lower jaw.

*Worse* in forenoon; also in the open air, from poultices and pressure.

*Better* after lying down.

**Chamomilla.** Bruised pain in all the joints, as if they were worn out; cracking of the knee when moved; sensation of numbness in the affected extremity.

*Worse* at night; also when lying down, and from touch.

*Better* when rising. Left side.

**China off.** Pain in the joints as if bruised; stiffness of the joints; pain with lameness or weakness of the affected part; darting lacerating pains, hot swelling of the right knee, with drawing, lacerating pains; darting lacerating pains in the metatarsal and phalangeal joints, increased by contact, not changed by motion.

*Worse* at night; also from the slightest touch.

*Better* in the room. Left side.

**Clematis.** Arthritic nodosities in the finger joints; shooting, lacerating in the knee.

*Worse* from the heat of the bed, and from washing.

**Colchicum.** Lacerating in the elbows, in the direction of the upper arm; lacerations in finger-joints. Tearing pains in both muscles and joints. Pains wander from part to part. They feel as if in the periosteum, and are accompanied by a paralytic feeling, together with a loss of muscular power approximating paralysis.



The action of *Colch.* is more marked on the small joints than on the large.

*Worse* in the evening and at night; also from motion and contact.

*Better* while reposing. Right side.

**Colocynth.** Flying pains in the shoulder; stiffness of the knees; darting pains in the ankles; stitches in the knee-joints; burning pain in the affected part.

*Worse* in the afternoon and evening; also when lying on painless side.

*Better* when lying on painful side, and moving. Right side.

**Conium mac.** The shoulder feels as if pressed sore; paralytic, drawing pain in the wrist-joint; drawing pain in the hip-joint; dull pain in the knee when stepping; arthritic pain around the knee-joint; pain as if from fatigue in the knee; dull pain in the tarsus; cracking in wrist-joint. Bones of the extremities feel as if in a tight band; cancer in the middle of the long bones; drawing pain in the temporal bones; aching of the facial bones; stitches in the small of the back, with drawing through the lumbar vertebræ when standing; periostitis, with throbbing and burning pain, as if from an ulceration.

*Worse* in the morning and at night; also when standing, lying down, and when lifting the affected part.

*Better* from letting the affected limb hang down, from moving, and walking. Right side.

**Digitalis.** Piercing pain in the joints; pale swellings; dull sensation in elbow-joint; stiffness in the joints of the lower limbs; the knees feel as if greatly fatigued; swelling of the knee with a stinging pain; pain in the hip-joint; grating nodosities.

*Worse* after breakfast and dinner.

**Dulcamara.** Corrosive gnawing in the outer side of the elbow; weariness of the knees. Painful stitches in the middle of the dorsal spine when breathing; boring in temples; painful weariness in tibia.

*Worse* in the evening; also when at rest, from cold air, and in wet weather.

*Better* from moving about. Left side.

**Eupatorium.** Painful soreness in both wrists, as if broken or dislocated: painful soreness in right parietal protuberance; pain in the bones as if broken.

**Graphites.** Stiffness in the joints of the arms and knees, with

liability to become strained; stitches in the elbow and shoulder joints; paralytic pressure in the elbow-joint; pain as if sprained in joint of thumb; arthritic lacerating in hip-joint; tension in the bends of the knees; pain as if from bruises in knee. Pain in the periosteum of all the bones; gnawing pain in the bones of the forearm; drawing pain in the bones of the thigh; the malleoli painful to the touch.

*Worse* at night; also from cold.

*Better* from warmth.

**Guaiacum.** Drawing pain in knee, terminating in a stitch. Dull ache in the left jaw; drawing and lacerating along the right side of the vertebral column; lancinating lacerations in the borders of the scapulæ; painful drawing and lacerating in the arm.

*Worse* in morning and forenoon; also in the open air, and from contact. Left side.

**Hepar sulph.** Stitches in the joints; hip-joint feels sore and painful as if sprained when walking; pain as if from bruises in the knees. Bone diseases from abuse of *Mercury*. Nasal bones are painful to the touch; contractive sensation in the nose; sharp pressure and pain, as if from burns in the lumbar vertebræ; pain as if from bruises in the humeri.

*Worse* at night; also from colds, when lying on painful side, from pressure, and on touching the parts.

*Better* from warmth.

**Iodium.** Lancinating in joints; rough, dry skin over the joint affected; violent stitches in shoulder-joint, even when at rest; tensive pain in finger-joints when bending them; inflammatory swellings of the knee, with violent pains and suppuration; dropsical swelling of the knee.

*Worse* in the evening and at night; also when lying on the painful side, from pressure, and from warmth.

*Better* from cold, and after rising from the bed. Right side.

**Kali carb.** Stitches in the joints and tendons; stiffness of the joints of the arm; lacerating in elbow and wrist-joints; painful lameness of the joints of the arm; crampy lacerating in the hip-joint; lacerating in knee-joints; pain in hip-joint as if from a bruise; paralytic sensation in knee; spasmodic lacerating in ankle-joint; frequent lacerating in the tarsal bones; lacerating in the phalangeal joints of the toes.

*Worse* in the morning; also in cold air, and when lying on the side.

*Better* from warmth.

**Kreasote.** Pains in the joint as if sore and ulcerated; as if bruised or contused; frequent pains in the elbow-joint; drawing pains in the fingers; darting pain in and above the knee.

*Worse* in the morning; also in the open air, and on moving.

*Better* from warmth. Left side.

**Lachesis.** Contraction and stiffness of the joints, with lacerating in the limbs; lacerating pain in the elbow; pain in the wrist-joints as if they were sprained; lacerating in the hip; stinging, or lacerating in the knees. Throbbing in the bones in the neighborhood of the ear; drawing in the bones of the nose; drawing in the malar and jaw bones; lacerating in the jaw; pain in arm bones; lacerating in the bones of the legs.

*Worse* in the evening; also in the open air, and from cold.

*Better* from warmth? Right side.

**Ledum pal.** Lancinating pain in the joints; painful hard tubercles and tophi in the region of the joint; painful sticking in the shoulder-joint on lifting the arm; pressure in both shoulder-joints, more violent during motion; pressure in the elbow; laming, rheumatic pain in hip-joint; pressure in the region of the hip-joint; weakness in the knee-joint, and lacerating pressure in those joints when walking; swelling with tensive and pricking pain in the knee when walking.

*Worse* in the evening and at night; also from heat and motion.

**Lycopodium.** Drawing and pressure in all the joints, more especially the knees; stiffness of the joints lacerating pain in shoulder and elbow-joints; paralytic pain in shoulder-joints; bruised pain in shoulder-joints; fingers stiff from arthritic nodosities; finger-joints swollen and inflamed; rheumatic tension in the hips; paralytic pain in the hip-joint; pain as if from a sprain in the hip-joint; stiffness of the knee-joint; tension around the knee; lacerating in the knees and ankles; pain as if from a sprain in the knee-joint; swelling of the knees; swelling of the ankle. Bones are painful when touched; lacerating in the malar bone and upper jaw; drawing in the jaws; drawing or lacerating at times in the lower jaw; pain as if from bruises in the scapulæ, shoulders and upper arm; nightly bone pains.

*Worse* in the evening; also when lying down, when rising from a seat, and from the pressure of the clothes.

*Better* on getting cold. Right side.

**Manganum.** Drawing, lacerating stitches; soreness and cracks in the bends of the joints; tensive pain in the arm and carpal joints; darting pain above the knee.

*Worse* at night; also on stooping, and to the touch.

*Better* : The symptoms which appear in the room, disappear upon going into the open air; and *vice versa*. Right side.

**Mercurius.** Arthritic pain and swelling of the joints; arthritic pain attended by very copious sweat, which does not afford any relief; sweat at every motion; cracking in the shoulder and elbow-joints; lacerating in the shoulder-joint, humerus and wrist-joint; painful stiffness of the wrist-joint; lacerating in the hip-joint; the knee-joints are painful, and feel as if broken; lacerating in knee-joint. Bones ache under all circumstances, and no position affords relief; pain in the joints, almost uninterrupted, as if squeezed, broken, and sprained all at the same time; abscess in the joints; the whole of the skull is painful to the touch; lacerating pain in the bones of the head; exostosis on the head; swelling of the bones of the nose; boring and drawing pain in the tibia.

*Worse* at night; also from the heat of the bed.

*Better* when at rest, and when lying down.

**Mezereum.** The joints feel painful as if bruised; drawing, with excessive weariness in the joints; hot dartings, and paralytic drawing pains; pain in shoulder-joint as if it would tear, with throbbing; tension in shoulder-joint; tensive lameness in the elbow-joint on raising the arm; darting pain in the hip-joint down to the knee. Bone diseases from the abuse of *Mercury*, also from syphilis; inflammation of bones, with caries. (Periostitis of the tibia consequent upon an ulcer of the leg, the parts being covered with a brown, dry skin, and being surrounded with reddish-blue spots, with violent burning pains caused by the pressure of the fingers; swollen periosteum, the violent pain preventing from treading on the foot, and cramps in the calves of the legs.—(From NOACK and TRINCKS). Ulcers of the bones, with morbid interstitial growth of the soft parts, even in the case of fistula; bone pains in the skull.

*Worse* in the evening, and at night; also from contact and motion.

*Better* when walking in the open air.

**Nitric acid.** Pressure in the right shoulder; painful stiffness of the knees, feeling as if the bends of the knees were swollen.

Inflammation of the periosteum, and of the bones; caries from syphilis, or the abuse of *Mercury*; caries of the bones of the skull; the whole right side of the skull is painful; aching of bones; drawing and aching pain; bones of the face are painful; tearing in the malar bones.

*Worse* in the evening, and at night; also on rising from the seat, and from touch.

*Better* on getting warm?

**Nux mosch.** Paroxysms of drawing in the arms, with frequent boring through the elbows; pain in the right knee as if sprained.

*Worse* in the forenoon and evening; also from cold, in wet weather, and from lying on painful side.

*Better* from warm air, in dry weather, and in the room.

**Nux vomica.** Pains in the joints as if bruised; inflammation of joints, with burning-stinging; sensations in bends of knees as if they were too short; arthritic inflammation and swelling of the knees.

*Worse* in the morning: also from motion, and light touch.

*Better* from strong pressure. Right side.

**Petroleum.** Ulcerative pains in both sides of the head; drawing and tension in the jaw below the ear; drawing, with pressure in the bones; paralytic drawing in left tibia and forearm, with pressure.

*Worse* in the morning and evening.

*Better* from warmth.

**Phosphorus.** Pressure and drawing in the shoulder; pain in the elbow-joint as if broken; lacerating in the wrist-joint; pain in the left hip-joint; pain in hips as if sprained; arthritic stiffness in the knees; drawing pain from the knees to the feet. Beating and gnawing in the right parietal bone; shining, painless, uninfamed tumor on the forehead, with violent headache over the eyes; tickling in the periosteum around the eyes; sticking in the malar bone; painful drawing and tearing in the lower jaw toward the chin; jerking in the lower jaw, almost like toothache; stitches in the right clavicle; soreness of the clavicle, whether touched or not; pain in the os coccygis, as if ulcerated; unceasing stitches in the spinal column; stitches in the lumbar vertebræ; feeling as if a plug had lodged in the left scapula; bruised pain in left humerus; gnawing pain in elbow, extending towards the shoulder; painful pressure in the periosteum of the humerus and radius; tearing



and drawing in the elbow-joint; shocks and jerking in the tuberosities of both arms; pain as if bruised in the periosteum of the tibia, painful to touch.

*Worse* in the evening, and at night; also from motion.

*Better* from rubbing, and after sleeping.

**Phosphoric acid.** Bone pains from the abuse of *Mercury*; intense pain in the periosteum, as if scraped with a knife; purulent discharge from the nose; painful drawing in the dorsal vertebræ as if bruised; burning in the elbow-joint; nightly burning-lacerating in the tibia.

*Worse* at night; also from talking, and when at rest.

*Better* from motion.

**Plumbum acet.** Contractions in the joints; stiffness of the knees, with swelling of the feet.

**Pulsatilla.** Erratic, wandering pains, moving from one joint to another, with swelling and redness of the limbs; pain as if bruised, or as if from sub-cutaneous inflammation on touching the part; continuous lacerating pain in the shoulder-joint; bruised pain in elbow-joint; painful stiffness of the wrist-joint; lacerating pains in the knees, like jerks; swelling of the knee, inflammatory and hot; (or painless?); swelling of knee, with stinging; lacerating pain in elbow-joint on attempting to move it. Curvature of the bones; interstitial distention of the dorsal vertebræ nearest the neck; drawing-lacerating pain in the bones of the forearm; pain in the bones of the thigh as if bruised; tibia is painful when touched; pain as if bruised in the tibia, especially when raising the leg; drawing in bones of leg.

*Worse* in evening; also from warmth and motion.

*Better* from cold. Right side.

**Rhododendron.** Cramp-like drawing pain; pains quickly gone; œdematous swelling of joints; lacerating in the shoulder, or violent beating and drawing pain; pain in the hip as if sprained; white swelling of the knee; cold uninflamed swelling of the right knee, with raging pain extending to the leg, in bed, and during rest; digging-up, or drawing pain in the wrist-joint; œdematous swelling of legs and feet.

*Worse* in the morning; also during rest, from cold, and wet.

*Better* from motion, and warmth.

**Rhus tox.** Sticking in the joints during rest; pains as if sprained; lacerating and burning in the shoulder, with lameness



in the arm; lacerating in the joints of all the fingers; pain as if sprained in the joints of the lower extremities. Pressure with drawing in the periosteum, as if the bone were scraped; red, shining swelling, with stinging or sore pain when touched; bones swollen; drawing and lacerating in the eye-brows and malar bone; pain in the articulation of the jaw as if bruised; painful bony swelling in the small of the back; curvature of the dorsal vertebræ; bony swelling on the arm, with burning and ichorous ulcers; the skin covering bony tumors is red, inflamed, and covered with little blisters. (Feeling in the bones of the leg, as if they were split and spreading apart when stepping. G).

*Worse* in the morning, and at night; also on beginning to move.

*Better* from motion. Right side.

**Ruta grav.** Pains in the joint, as after a bruise, fall, or contusion; pain as if sprained, with stitches in the wrist-joint. Pains in the bones of the hips as if bruised; pains at all times in the bones of the wrist and dorsum of the hands, as if bruised, both during rest and motion; burning and gnawing in the periosteum; stitching, drawing pain, from the frontal to the temporal bone; cramp-like lacerating in the malar bones, with stupefying pressure in the forehead; a spot on the sternum is painful when touched; pains in the lumbar vertebræ, as if they were bruised; dull lacerating in the long bones of the arms; burning and corrosive pains in the bones of the feet during rest.

*Worse* in the afternoon; also during rest, and in wet, cold weather.

*Better* from motion. Left side.

**Sabina.** Lancinations in the joints, with sensation as if they were swollen, accompanied with drawing stitches through the long bones; paralytic pain in the joints, especially after any exertion; lacerating in the finger joints; painful drawing in the joints of the toes. Painful pressure in both upper arms near the elbow-joint; aching or burning pains in the swollen periosteum; paralytic pain in the region of the malar bone; aching in the region of the malar bone; intermittent stitches in the clavicle; lacerating pain, with pressure, in the metacarpus.

*Worse* at night? also from contact, and from the heat of the bed.

*Better* from cold? Left side.

**Sarsaparilla.** Lacerating in almost all the joints and limbs; paralytic pain in shoulder-joint; paralytic weariness in elbow-

joint; pain as if sprained in wrist-joint; lacerating in the knees; swelling and stiffness of the knees with stitching pain; paralytic and bruised feeling in hip-joint.

*Worse* in afternoon; also from cold.

*Better* from warmth. Right side.

**Sepia.** Rigidity of the joints of the arms and fingers, as if too short; stitches in the wrist-joints on moving the hand; stiffness of the elbows; tensive pains in the metacarpal joints; arthritic drawing in the finger-joints; coxalgia, with lancinating pains; cramp pain in the hip-joint; drawing pain in the knees; also stiffness. Swelling above the temple; aching pain in the malar and nasal bones; cramp pain in the facial bones.

*Worse* in the morning and evening; also when stretching the limb, and when at rest.

*Better* from violent exercise, and warmth.

**Silicea.** Nightly sticking in all the joints; stitches from the wrist-joint through the arm; joints are painful when pressing on them; painful feeling of stiffness in the knees; weakness of the knees; inflammatory swelling of the knee; lacerating in the knees. Drawing pains in the bones; gnawing pains in the bones of the nose; caries and swelling of the lower jaw; curvature and swelling of vertebræ; bruised pain in scapulæ; is more or less useful in all cases of caries.

*Worse* in the night; also from cold, wet, and when sitting.

*Better* from motion and warmth, and when wrapped up warmly. Right side.

**Staphisagria.** Dull sticking pain in region of shoulder-joint; violent aching pain in shoulder-joint; paralytic drawing pain in phalangeal joints; dull stitches in knee-joint near the patella; *hip disease*. Mercurial bone diseases; pains in bones, with debilitated feeling in joints; swelling of the bones; inflammatory pains in the malar bones; boring stitch in the right tibia; drawing, with pressure, in the outer part of the tibia.

*Worse*, all times alike, except in the evening, when he is better on being touched.

*Better* after breakfast. Right side.

**Sulphur.** Erratic-gout; arthritic pains, with or without swelling; sticking pains in the joints, with stiffness; violent drawing and lacerating through the knees and tibia; cracking in the joints, particularly in the knee and elbow; drawing pain in the shoulder-

joint, and in the arms; lacerating in the shoulder-joint; lacerating pains in the wrist-joints; stiff, red finger-joints, as if frozen; drawing pain in the left hip; pain in the knee as if stiff; the bends of the knees are rigid; inflammatory, thick, shining swelling of the knees; dropsy of the knee-joints. Inflammation, swelling, and curvature of the bones; pressure and burning in the malar bones; painful swelling of the jaw.

*Worse* in the evening, and at night; also on waking, on getting warm in bed, from bodily exertion, when at rest, and from touch.

*Better* from drawing up the limbs, from motion and heat. Left side.

**Thuja.** Painful difficulty of moving either arm, as if it had no synovia; throbbing in the elbow-joint, like pulsations; pain in elbow and wrist-joints as if dashed to pieces and crumbling; lacerating in the wrist-joint; dull tingling pain in the outer side of the knee; painful pressure in the inner side of the knee. Boring pain in the region of malar bone, diminished by contact.

*Worse* in the evening, and at night; also from cold wet, and the heat of the bed.

*Better* from warm wet.

**Veratrum.** First the right, then the left hip-joint feels paralytic; icy-coldness of the feet, and cramps through the tarsal joints. Seldom indicated in these diseases.

## OPERATIONS.

For the relief of the various affections, we either *resect* or *amputate*. In the treatment of scarcely any other class of diseases is the old adage so true that "amputation is the reproach of surgery." The difficulty lies, however, in the fact of our seldom seeing these cases in their incipency, more rarely until they are fully developed.

In *anchylosis*, forcible extension is much resorted to, but to me it seems, to say the least, a useless procedure, for an additional inflammation is set up, and if my notions are true the extension of an inflammation already existing will be of the same character, *i. e.*, suppuration, adhesive, gangrenous, or cancerous, as the case may be, the result is apt to be an increase of immobility. I should say, in the partial form, trust to remedies; in the complete,

remove a wedge-shaped piece of bone, if the position of the limb is inconvenient, and give it the required position.

*Hip disease* may require operation; if so, resect. But as this is an important operation, my limits forbids its consideration.

*Enlarged bursæ* may be removed by dissection; and *Ganglions* had best be ruptured by a sudden blow with some heavy object.

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## SURGICAL DISEASES OF THE BONES.

PERIOSTITIS, OSTEITIS, CARIES, HYPERTROPHY, RICKETS, FRAGILITAS OSSIUM, TUBERCLES, EXOSTOSIS, OSTEO-SARCOMA, HYDATIDS OF BONE, OSTEO-ANEURISM, FRACTURES.

### PERIOSTITIS.

THIS is an inflammation of the periosteum, and is generally described as being simple or complicated, acute, chronic, idiopathic, or traumatic. I cannot subscribe to these divisions, inasmuch as it does not seem possible that a disease can be local, or exist alone, without any other complications. It *must* depend upon some constitutional taint, such as scrofula, syphilis, or the abuse of mercury. I should prefer, then, to call the varieties traumatic, syphilitic, scorbutic, or medicinal. They may be either acute or chronic in any variety. The symptoms are swelling of the limb, sometimes, though not always, redness, puffiness and hardness of the part, tenderness on pressure, and usually on motion; the swelling is circumscribed in a measure, though not always so. The symptoms in very many particulars closely resemble rheumatism, but attention to the fact of the pain being deeper will be sure to prevent an error of diagnosis.

### OSTEITIS.

THIS is an inflammation of the substance of the bone. Like periostitis, it may be acute or chronic, traumatic or cachectic. When acute, the bone is swollen and softened. In the chronic form the bone is enlarged, but very hard, like ivory. Sometimes

there is considerable elongation of the bone, without any thickening, so that one limb may be larger than the other by one or two inches; this is most common in the chronic form.

The symptoms of this disease are : an enlargement of the bone, aggravation of the symptoms in wet weather, or when the weather changes, pain, swelling, tenderness on pressure, and on motion, and some fever and redness of the skin in the acute form. This inflammation is the accompaniment of, or precedes or follows, all other diseases of the bone, caries, necrosis, suppuration, etc., hence the importance of a correct diagnosis, and prompt treatment, to prevent the development of something worse. One common result of osteitis is suppuration of bone, or the formation of an abscess in some portion of it. It is not unfrequently seen following amputation, and is then known as osteo-pyelitis. In this form, which also constitutes the acute variety, the medullary canal is the part primarily invaded, and the cancellated structure shows signs of inflammation and increased vascularity. Often *osteo-myelitis*, or gangrene of bone, occurs, and is to be dreaded, among other reasons, from the fact that pyemia or phlebitis may be set up. The symptoms of suppuration of bone are sudden and deep-seated pain, swelling, tension, and œdema of the part; the secretions of the stump are arrested, and the wound takes on a sloughing character, with rigors. Chronic suppuration is of a circumscribed form, and is the result of inflammation, terminating in abscess. Like the acute form, it is oftenest found in the heads of the long bones, and cancellated structure generally. Soon after the receipt of an injury, the bone is observed to be painful, swollen, and hard; the skin does not change its color as a rule, though it sometimes assumes a red, glazed, and, œdematous appearance. The pain may be lancinating and severe, or dull and aching, and is not apt to be steady, but may remit for even days at a time. However free from pain the patient may be during these remissions, there will be found one spot on the swollen bone that is painful to pressure. There can be no question, to my mind, but that a free and early evacuation of the pus by the application of the trephine, is the proper treatment to pursue.

#### CARIES.

FORMERLY this was supposed to be a disease of the bone analogous to ulceration of the soft parts, but it is not so, at least in all



varieties. We have one variety, chiefly occurring in syphilitic cases, in which the disease as regards the line is superficial, only being denuded of periosteum, and this is the *true ulceration of bone*. The bone in caries becomes more vascular, softens, and finally becomes disintegrated. It usually manifests primarily in the centre of a bone, and is always well-established before any external sign is presented. The skin becoming involved last, we are often unable to form our diagnosis until the disease is fully established. After the limb has become inflamed, a swelling forms over the seat of the disease, ultimately forming an abscess, which opens, leaving a fistulous ulcer which will not heal. On introducing a probe into this fistula, we find the bone bare and rough, and its surface full of cavities and depressions, which, however, break down readily under the pressure of the probe, and emit during this process a peculiar sound, likened to the crushing of sugar. When the shaft of the long bones is involved, there is some tendency to deformity of the limb, which must be combated by the use of splints, as in fracture, to resist the injurious contraction of the muscles.

#### NECROSIS.

THIS disease corresponds to gangrene of the soft parts, and, as ERICHSEN says, differs from caries "in the fact that caries may be regarded as the granular disintegration, or molecular death, of the osseous tissues, conjoined with suppuration of the surrounding healthy parts, while necrosis must be looked upon as death of the osseous tissue as a whole." Caries is, again, more frequently seen in the articular ends, or the interior of the bones, while necrosis oftener, indeed always, affects the compact portion. When some cachexia is not the predisposing cause, any injury which denudes the bone of its periosteum will produce it. Workers in *Phosphorus*, as those who manufacture matches, are more subject to these diseases than others; and from traumatic causes, whitlow or felon, or a disease which destroys the periosteum, are the most common. The local and general symptoms are nearly identical with those of caries, and vary mostly in intensity. When the large bones, as the thigh, are involved, the suppuration may be the cause of death if very extensive; hence, if the sequestrum be fully formed, this would constitute a chief indication for its removal immediately.



In throwing off a central sequestra, nature provides for it by a thickening of the outer laminae, and the formation of apertures, called *clocæ*, through which the dead tissue is extruded, and either carried away by the discharges, or else is in a more favorable position for removal by the surgeon.

#### HYPERTROPHY.

As a distinct disease, unconnected with other conditions of the bones, this is not very amenable to treatment. It is simply an increase in size, in every way — in length, thickness, density, and weight. It is the opposite condition of atrophy, in which the converse of all this is true. Some hypertrophy is due to an abnormal nutrition, or development : there are no new deposits, and no preponderance of one element of healthy bone over another.

#### RICKETS.

THIS is a softening of the bone, due to a deficiency of the earthy material, from which reasons the osseous structure is more properly cartilaginous, and not capable of sustaining the weight of the body. It is a disease peculiar to infancy, and those who are of a scrofulous tendency.

#### FRAGILITAS OSSIIUM.

THIS is a disease directly opposite to the last mentioned, and is different, also in being peculiar to adults, particularly women. In this the bones, in addition to being easily bent, as easily break ; the slightest force being sufficient to produce this. In the early stages the disease resembles rheumatism so closely that it is almost impossible to tell them apart. The patient complains, in the first instance, of pains of a wandering character about the limbs and trunk ; these assume usually a rheumatic character, though they have been observed to be of a much more severe, persistent, and intractable nature, than in any form of that affection. The patient becomes debilitated, unfitted for exertion, and emaciated. Spontaneous fracture now occurs in some bones under the most trivial causes ; others become bent, and the whole body, consequently, greatly mis-shapen and distorted, occasion-

ally in the most wonderful manner. The urine will be observed to present enormous quantities of phosphate of lime, diverted from the bones, and death eventually results from general exhaustion.

#### TUBERCLES OF BONE.

TUBERCULOUS deposits seem to be as common in bone as in other parts of the human body. When found here they usually appear in the case of children, particularly those of a strumous cachexy, although adult age is not exempt. The cancellated structure, particularly the articulating ends of the long bones, are peculiarly liable to this invasion, and by their presence the most intractable bone-diseases are frequently caused. The spine, and the short bones of the tarsus and carpus are also liable, and here it usually leads to necrosis. When tubercle becomes decomposed, and forms an abscess, it is circumscribed or diffused according to circumstances. The abscess in finding an opening implicates the neighboring soft parts, and forms a sinus leading to the cavity of the bone, through which pus, of an unhealthy curdy character, mixed with the broken-down remains of the tubercle, is discharged. The diagnosis is even more obscure than in fragilitas, and is of just as little importance to us; whether it be caries, necrosis, or tubercle, or all three, the symptoms guide us, and they alone. However, if you ever operate for either, remove all suspicious spots.

#### EXOSTOSIS.

THIS means a tumor growing directly from the bone. The causes necessary for its production are remotely constitutional ones, such as struma or syphilis, and directly the reception of injury. Two varieties are recognized by pathologists—the one called *hard* or *ivory*, and the other the *soft* or *cancellous*. The diagnosis is sufficiently easy when the tumor is found on the outside of the bones; when on the inner surface of the skull, ribs, pelvis, or scapulæ, they are not readily discovered; save from their pressure effects, there are no symptoms of tumor, and these, even, are common to all tumors in situations where it is possible for them to compress organs.

## OSTEO-SARCOMA.

THIS term is an unfortunate one, as generally applied, as it is customary to include under this title cystic tumors of various kinds growing from bones, whether they be benign or malignant, and in consequence of this much confusion exists in surgical literature. They may be single or multiple, and contain fluid, or be of solid formation. When the cysts are single, they are apt to contain solid matter, and when multilocular, are filled with fluid. The walls are thin and osseous, and cannot be mistaken for anything else, unless they are deep-seated. Those with fluid contents attain a larger size, and grow more rapidly than the others. *Spina ventosa* is a term often used synonymously.

## HYDATIDS.

THE bones are sometimes found with cavities in their substance, which are filled with these bodies. The signs of their presence are not to be distinguished from other diseases.

## OSTEO-ANEURISM.

THIS is frequently spoken of as *pulsating tumor of bone*, and the term is preferable, as they are really *not aneurismal*. In structure and appearance they vary greatly — at times they are cancerous, and often mere vascular growths. They commence like other tumors of bone — feel elastic, grow slowly, without discoloration of the integument, and communicate to the hand a pulsation almost identical with that of aneurism. Two things must be guarded against in forming an opinion; do not confound it with *true* aneurism, and be sure that it is not some other tumor which has a pulsation derivable from some large neighboring artery. As these tumors are immovable, but little difficulty will ordinarily be experienced in determining their true character.

There are other tumors of bone that need no special mention, such as cancer and sanguineous cyst.

## FRACTURES.

NOT being, in any sense of the word, a disease, we must dispose of the subject of fracture in a merely general sense. The term

means, literally, a break, and in surgery, usually, a broken bone. In the case of the long bones, the direction of the fracture, so to speak, may be *transverse*, or, as the French say, *en rave* — i.e., radish-like — *oblique*, or *bec-de-flûte* (like the mouth-piece of a flageolet); *comminuted*, *impacted*, or *partial*. In most of these varieties it can in no wise affect the treatment, as we will show, whether it be one or the other. In the *impacted* form, unless there is considerable deformity, we need do nothing, as it is already sufficiently "set." In the *comminuted*, the fragments, if too small to be placed in proper relation to each other, and the soft parts are not too extensively injured, there are no special indications. If, on the contrary, the fragments are too small and numerous to offer any hope of reunion, they must be removed, and the case treated as one of ordinary resection. What was said of impacted fracture applies with equal force to the *partial*, or incomplete, variety. Bear in mind, however, that in the latter form our prognosis must be very cautious, as death frequently results after such injuries, according to Malgaigne and others, without our being able to assign any reason for it.

There may be a wound of the soft parts and integuments leading down to the seat of fracture, or a protrusion of one or both of the extremities of the bone. In this case we have a grave complication, and call the variety a *compound* fracture. If a large blood-vessel or nervous trunk is also injured, whether there be an external wound or not, it is called a *complicated* fracture. These remarks apply in general to fracture of the long bones.

In the flat or irregular bones, we have other terms, which sufficiently explain themselves — *depressed*, *stellate*, *perforate*, and *serrated* fractures.

**Treatment.**—First be sure it *is* a fracture. The means to be used to determine this are not dwelt upon, as it is not properly included in our present plan. Having ascertained this, our next step is to reduce the fracture, keep the fragments in position, and facilitate their union. The first procedure we leave untouched for similar reasons to those given above. To retain the fragments in *position*, position is the first thing to be considered. This position must be one that will completely relax any of the muscles that may tend to displace the fragments if not relaxed. To *keep* them in place, we *may* need splints, but surely very rarely, as they cause much uneasiness to the patient, cause jactitation, and, as frequent experience has taught many of us, do not *always* preserve the

position of the fragments. Wherever it can be done, the following procedure is one I adopt: Place the limb in such a position that the muscles which *might* keep the fragments asunder are completely relaxed. Apply counter-extension in the usual way, by means of long strips of adhesive plaster attach a weight to the opposite extremity, and support the limb with bags of bran or sand, or pack it in loose sand. For the first twenty-four or forty-eight hours give *Acon.* about once in two or three hours. After this time administer a dose of *Symphytum*, not lower than the 30th, once or twice a day. When consolidation has fairly begun, apply a plaster-of-Paris dressing, and allow the patient to move about on crutches. In the case of compound fracture, the method is but little modified. The extension and counter-extension is made as usual, but *Calendula* will be required to heal the wound. When this is done, proceed as in a simple fracture.

Occasionally, after we have done all that seems called for, the fragment will not unite. The treatment depends upon the cause. Should there be a tendon, or any foreign substance, interposed between the fragments, it must be removed. Should it be from inefficient reparative power, the fault is to be corrected by proper medicinal treatment, and not by any of the popular methods, such as exsection, ivory pegs, etc. Such a complication can but rarely occur under homœopathic treatment, unless in the case of the very aged. From the great variety of symptoms that have to be considered in such cases, it is next to impossible to point out in this place any line of treatment. Suffice it to say, should *Symphytum* fail, recourse may be had to *Calc. c.*, *Calc. phos.*, *Sil.*, or *Sulph.*, among the more prominently indicated remedies.

More special indications for the selection of the remedies in these diseases has been placed under Diseases of the Joints to save space, and inasmuch as the diseases of bones and joints are so intimately associated; also see Ulcers and Tumors. The brief "index" following will suffice for this place:—

BONES OF THE HEAD: *Merc.*, *Petrol.*, *Phos.*, *Sabin.*, *Sil.*; *Acon.*, *Bell.*, *Calc.*, *Carbo v.*, *Hep. s.*, *Lyc.*, *Mezer.*, *Nit. ac.*, *Phos. ac.*, *Puls.*, *Sep.*, *Sulph.*, *Thuja.*

—— Face: *Aur. m.*, *Nit. ac.*; *Con.*, *Ars.*

—— Arm: *Asaf.*, *Rhus*, *Staph*; *Arn.*, *Bry.*, *Lyc.*, *Merc.*, *Mezer.*, *Phos.*, *Puls.*, *Ruta*, *Sil.*, *Sulph.*, *Thuja.*

BONES OF THE LEGS: *Lyc.*, *Merc.*, *Phos.*, *Puls.*, *Ruta*, *Sil.*, *Staph.*; *Arn.*, *Calc.*, *Con.*, *Hep.*, *Nit. ac.*, *Phos. ac.*, *Rhus*, *Sep.*, *Sulph.*



MERCURIAL BONE DISEASES: *Aur.*, *Hep.*, *Nit. ac.*; *Asaf.*, *Lach.*, *Lyc.*, *Mezer.*, *Phos. ac.*, *Puls.*, *Sil.*, *Staph.*, *Sulph.*

SCORBUTIC: *Ars.*, *Baryta*, *Calc.*, *Graph.*, *Hep.*, *Lyc.*, *Phos.*, *Puls.*, *Sep.*, *Sil.*, *Sulph.*

SYPHILITIC: *Con.*, *Merc.*, *Nit. ac.*, *Sulph.*, *Thuja*; *Ars.* *Aur.* *Bell.*, *Bry.*, *Carbo v.*, *Lach.*, *Lyc.*, *Mezer.*, *Phos.*, *Rhus*, *Sil.*

TRAUMATIC: *Arn.*, *Con.*, *Ruta*; *Acon.*, *Ars.*, *Bry.*, *Rhus*, *Sil.*

IDIOPATHIC: *Acon.*, *Bell.*, *Bry.*, *Carbo v.*, *Dulc.*, *Eupat.*, *Guaj.*, *Hep.*, *Lach.*, *Lyc.*, *Merc.*, *Petrol.*, *Phos. ac.*, *Rhus*, *Sabin.*, *Sep.*, *Staph.*, *Thuja*; *Arn.*, *Ars.*, *Asaf.*, *Aur.*, *Calc.*, *Con.*, *Graph.*, *Merc.*, *Nit. ac.*, *Phos.*, *Puls.*, *Ruta*, *Sil.*, *Sulph.*

PERIOSTITIS: *Acon.*, *Ars.*, *Aur.*, *Bell.*, *Bry.*, *Calc.*, *Con.*, *Eupat.*, *Graph.*, *Hep.*, *Lyc.*, *Merc.*, *Mez.*, *Nit. ac.*, *Phos.*, *Phos. ac.*, *Puls.*, *Rhus*, *Ruta*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*

OSTEITIS: *Acon.*, *Ars.*, *Asaf.*, *Aur.*, *Bell.*, *Bry.*, *Calc.*, *Carbo v.*, *Col.*, *Dulc.*, *Eupat.*, *Graph.*, *Hep.*, *Lach.*, *Lyc.*, *Merc.*, *Mez.* *Nit. ac.*, *Phos.*, *Puls.*, *Rhus*, *Ruta*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*

SUPPURATION OF BONE: *Hep.*, *Merc.*, *Sil*; *Ars.*, *Calc.*, *Lyc.*, *Nit. ac.*, *Sulph.*

CARIES: *Arn.*, *Ars.*, *Aur.*, *Baryta*, *Calc.*, *Hep.*, *Merc.*, *Sabin.* *Sil.*, *Sulph.*

NECROSIS: *Acon.*, *Aur.*, *Bell.*, *Bry.*, *Calc.* *Mezer.*, *Nit. ac.*, *Phos.*, *Ruta g.*, *Sil.*, *Sulph.*

HYPERTROPHY: *Asaf.*, *Arn.*, *Aur.*, *Baryta*, *Calc.*, *Con.*, *Merc.* *Nit. ac.*, *Phos.*, *Ruta*, *Sil.*, *Thuja.*

RICKETS: *Asaf.*, *Ars.*, *Baryta*, *Bell.*, *Calc.*, *Lyc.*, *Merc.*, *Mez.*, *Nit. ac.*, *Petrol.*, *Phos.*, *Phos. ac.*, *Rhus*, *Sil.*, *Staph.*, *Sulph.*

FRAGILITAS: *Asaf.*, *Calc.*, *Dulc.*, *Lyc.*, *Sil.*

EXOSTOSIS: *Asaf.*, *Aur.*, *Calc.*, *Dulc.*, *Guaj.*, *Lyc.*, *Merc.*, *Mezer.*, *Phos.*, *Phos. ac.*, *Rhus*, *Ruta*, *Sabin.*, *Sil.*, *Staph.*, *Sulph.*

OSTEO-SARCOMA: *Acon.*, *Arn.*, *Ars.*, *Asaf.*, *Aur.*, *Baryta*, *Bell.*, *Bry.*, *Calc.*, *Con.*, *Dulc.*, *Eupat.*, *Graph.*, *Hep.*, *Lach.*, *Lyc.*, *Mez.*, *Merc.*, *Nit. ac.*, *Phos.*, *Phos. ac.*, *Rhus*, *Ruta*, *Sil.*, *Staph.*, *Sulph.*

OSTEO-ANEURISM: *Acon?* *Arn?* *Ars?* *Con?* *Dulc?* *Hep?* *Merc?*

*The operations* for the treatment of these various diseases are generally those of excision. When there is a choice between amputation and resection, resect, by all means. In resection we look for a more certain preservation of life, and an absence, total or partial, of deformity. The operation is too well understood to need detailing here.



## SURGICAL DISEASES OF THE NAILS.

## ONYCHIA, IN-GROWING TOE NAIL.

## ONYCHIA.

THE nails are infrequently diseased, and usually in one of three ways; the nail alone is affected; the matrix alone; or both the nail and the matrix. In the case of elderly people, or those of a broken-down constitution, the nails often become dry, scaly, enormously thickened, of a greenish or gray color, and a rough irregular appearance. The most common disease of the nails is *Onychia*, which is due to an inflammation of the matrix. It may be simple or specific.

*Simple Onychia* is characterized by redness, heat and swelling, set up usually on one side of the nail, in the angle of the tissue in which it is implanted. There is no discharge of pus, and the nail gradually loosens, becomes dark-colored, shrivelled, and at last is completely detached. A new nail soon makes its appearance, but is liable to be badly shaped. In the simplest form of the disease, *Arn.*, *Silic.*, or *Sulph.*, are probably the remedies most frequently indicated. When occurring traumatically, in the absence of specific taint, *Arn.* is the remedy.

*Specific Onychia* is also known as "*malignant*." It is produced by injury inflicted on a finger while the system is contaminated by syphilis, scrofula, or cancer poison. In this form there is a formation of pus, ulceration at the sides of the nail, and inflammation with a dark color of the skin. The nail is finally destroyed, and the new one imperfectly developed. The treatment of this form will but seldom be called for except in connection with the general disease; then, of course, the remedy that cures the patient cures the nail.

## IN-GROWING TOE NAIL.

THIS is caused by wearing badly shaped shoes, which crowd the toes together, or from cutting the nail too square, leaving a sharp corner which is a constant irritation to the neighboring soft parts.

From long-continued pressure from this sharp corner, an ulcer is at last formed, which becomes filled with immense granulations, hiding in many cases, the whole nail, and secreting an offensive pus. The pain is usually considerable, and prevents walking when fully developed.

Of course all attempts to cure this ulcer as long as the cause which first produced it remains, must prove futile. The treatment must be mainly local for obvious reasons. In the first place, when the granulations are very large, they must be removed. Any strong astringent will do this temporarily. Next, the corner of the nail must be cut off, and its direction altered so that it will grow *over* the soft parts in place of into them. This is best effected by removing a *very* thin shaving from the corner of the nail every day. By drawing the edge of a sharp knife lightly from the root to the angle of the nail every day, (only once a day,) and only once at one operation, a thin shaving is easily removed. In a short time this corner will turn up. The ulcer must be treated as other ulcers, but in most cases *Calendula* will be found sufficient. Should it fail consult the chapter on "Ulcers." The ulcer cured, and the direction of the nail changed, a repetition of the trouble must be guarded against by altering the shape of the boot.

Should, however, all these measures fail, the only resource is the removal of the whole nail, and by properly constructed wax moulds favor the development of a perfect new one.

## SURGICAL DISEASES OF THE BLOOD-VESSELS.

PHLEBITIS, VARICES, PYÆMIA, ANEURISMS, ANEURISM BY ANASTOMOSIS, ARTERITIS, FATTY DEGENERATION OF THE ARTERIES, CALCIFICATION, NEVUS, WOUNDS.

### PHLEBITIS.

THE veins are more predisposed to inflammatory affections than the arteries, and particularly is this the case in persons of enfeebled constitutions; prominent among the causes are wounds, contusions, or the presence of a ligature when the vein is designedly tied, or is included in the ligature embracing the artery. Under some circumstances it is an exceedingly fatal condition, and in *all* cases is a disease of much gravity, demanding the most careful treatment. The pathology may be summed up as follows: the vein becoming inflamed from some cause, thickens at the point at which the injury is inflicted; the outer coat particularly so. This inflammation is followed by an effusion of lymph from the internal coat of the vessel, producing an occlusion more or less complete, owing to the lymph organizing, and the existence of coagulated blood, "forming a solid mass." The next feature is the formation of pus, "*not*" says ERICHSEN, "*produced by the transformation of the contained blood, but by effusion from the coats of the vessel.*" Any vein, or any portion of a vein, is liable to become thus affected, and the disease may invade it to any extent.

Three varieties or stages are recognized by modern pathologists, 1st—Adhesive phlebitis; 2nd—Suppurative, and 3rd—Diffusive

### VARIX.

OF all diseases of the circulatory apparatus, this of varix, or varicose veins, is by far the most common. It consists in a weakening of the walls of the vein, followed by an irregular distension,

in some places in the form of sacs or pouches, while in others it seems to be a uniform enlargement in calibre. Anything which would weaken or lacerate one of the coats of the veins, will produce this condition. Long standing, or constriction exercised on a vein, as in the case of tight garters, are among the more frequent causes. In this disease the valves seem to be obliterated and the blood collects in these pouches, and *may* in time become coagulated. The lower extremities, and the veins of the rectum and vicinity, seem to be the most obnoxious to this condition. Those of the scrotum are often so, and it is then known as varicocele. The part so affected is found to be œdematous, and more or less numb, sometimes an almost complete loss of power is noticed. There is seldom any pain, unless it be from pressure exerted on some nerve. These pouches or bunches sometimes open spontaneously, though very rarely; and are sometimes broken by accident, when a very intractable ulcer results, which, under some methods of treatment, is very properly considered incurable. Phlebitis may occur as a concomitant, though in a bad form it is very rare. Hemorrhoids, are, in my opinion, a true varix, and nothing else. The superficial veins are the oftenest affected in this manner, and may attain a great size.

#### PYÆMIA.

PYÆMIA, is a supposed admixture of pus with the blood. It has also been called "purulent infiltration," and is a very serious, often fatal disease. ERICHSEN says it has never occurred idiosyncratically, but is either subsequent to a wound that has been inflicted upon a person of a cachectic, readily suppurating constitution, or it is seen allied with the lowest and worst forms of erysipelas. "Pyæmia is characterized especially by two series of phenomena: The first is a great depression of the powers of the system; the second, the formation of abscesses in various parts of the body. The symptoms are as follows: The patient is seized with rigors, usually of a very severe and continuous character, but occasionally short and transient, sometimes occurring irregularly, at others repeated almost periodically, twice or thrice in the twenty-four hours, for some days in succession; in some cases these rigors are not attended by any sensation of cold, but in others they are, and then alternating with much febrile disturbance, resemble very closely an ague fit; any open wound that may exist at this

time usually becomes foul, sloughy, and ceases to secrete pus, though I have seen healthy granulations continue throughout the disease. The skin is hot, and has a burning pungent feel, the breath has a peculiar sweetish, saccharine, or fermentative smell that is commonly noticed in all febrile diseases of a low type; this odor of the breath, and indeed of the body generally, often occurs early in the disease, and must then be taken as a very unfavorable sign. The secretions are arrested, the pulse is quick and feeble, the face is usually pale, with a very anxious drawn look, but sometimes flushed, and the eyes bright; there is hebetude and dullness of the mind, with slight nocturnal delirium, but perfect consciousness on being spoken to; about this period, patches of an erratic erysipelas frequently make their appearance on the surface, and the skin assumes a dull, sallow, and earthy, or a bright yellow icteric tint, which may extend even to the conjunctiva. The symptoms now indicate an extreme depression of the vital powers, the pulse becoming small and fluttering, the tongue brown, with sordes about the teeth, and low delirium; usually from the sixth to the tenth day, but sometimes earlier, diffusive suppuration begins to take place in different tissues, joints and organs. This may occur in the viscera without occasioning any material pain; if seated in the cellular tissue, or in the substance of muscles, there is much doughy swelling with some redness; if in the joints, the swelling is often considerable, the pain usually intense, and of a very superficial or cutaneous character, the patient screaming loud with the agony he suffers."

In addition to the formation of pus in nearly every organ and part of the body, the blood is found loaded with cells, that are without doubt pus cells. It is a terrible disease, and the prognosis may always be unfavorable.

#### WOUNDS OF BLOOD-VESSELS.

WOUNDS of blood-vessels, including the procedure for tying them, or otherwise arresting the flow of blood, form a very important chapter in surgery. *Veins*, when wounded, are not usually attended with fatal results, unless it should be some large and important trunk. Pressure in nearly every instance will be sufficient to effect a cure. Ligation, as in the case of arteries, would be easily done, but the results are doubtful, and may lead to

mortifying and fatal consequences. I would advise the acupressure plan of SIMS. He uses an ordinary hair-lip pin, with a large head; this he passes through the skin, under the vessel, and brings it out on the other side through the skin. For vessels of a little smaller calibre, the placing of a soft compress over the vein, is the best plan. Torsion or twisting the ends of the vessel may be resorted to. When either of these methods fail, styptics had best be resorted to. Of these I know of none so permanent in its effect as *Erigeron can.*; a piece of lint saturated with the tincture and applied to the bleeding vessel, will in many cases arrest the bleeding instantly. When the effect does not seem to be strong enough, others may be tried, as the *Per-chloride of iron*, which is a powerful styptic, but is not long-lasting as compared to *Erigeron*.

Wounds of arteries are a very different affair. Here the treatment must be prompt, and the artery must be closed. This may be by ligation, by the use of the acupressure needle, or by torsion, *i. e.*, twisting the end of the vessel till the canal is completely obliterated. After the operation, give for one or two days, two doses daily of *Acon.* 200; if the wound has been handled much, use *Arnica* 200 in place of *Acon.* Afterwards use the *Staphisagria* lotion. If a large vessel, the main one of a limb, has been tied, keep the part warm, the patient in the recumbent position, with the limb carefully laid on soft pillows. After operating on any vessel, large or small, *keep the patient quiet.*

**Treatment.**—In determining the course to be pursued in the treatment of *phlebitis*, the character of inflammation—whether traumatic or idiopathic—must be taken into consideration, and, if it be referable to the former, the character of the injury. Before giving the names of remedies that are recommended, let me borrow from ERICHSEN something of the symptoms usually present. Adhesive, and consequently suppurative, phlebitis, commonly has a traumatic origin, and is generally ushered in by a hard, knotty, and painful swelling of the vein, “the knots constituting distinct enlargements opposite the valves.” If the vessel be a superficial one, the color changes to a reddish-purple, and the limb becomes stiff, to a certain extent. There is not, usually, *much* pain, but a tenderness all along the course of the vessel. One of the earliest, and in the case of deep-seated veins, the most certain indication of this disease is an œdematous condition of the part, which becomes hard and tense, pitting readily on pressure. In other cases the limb suddenly swells up without any œdema being



present. As the inflammation subsides, these symptoms disappear, unless suppuration intervenes, when they do not undergo any, or but little change. The most common termination, unaided by medicine, is the perforation of the vein, and the formation of an abscess; more particularly is this the case in the suppurative stage. This abscess must be opened at once, or pyæmia *may* result from this cause alone. The plug of lymph and blood may give way, or in its turn be perforated, and pyæmia then be produced.

In diffuse phlebitis, the symptoms are very similar to those already noticed, only the general symptoms are much more severe. Later the fever assumes more of a typhus character, sordes collect on the teeth, the tongue is brown and dry, delirium, vomiting, "diarrhœa, and death." "These (later) symptoms are indeed due to the formation of pus in the vein, its admixture with the blood, and consequent poisoning of the system." The prospects are not very favorable, but much may be done with our remedies.

Of *pyæmia*, mild cases may be as effectually treated as scrofula or abscess; but the severe ones certainly seem hopeless.

*Varix*, we homœopathists consider perfectly amenable to treatment by use of medicines administered internally; but an external application which (when they are strictly medicinal) is the same thing as the internal remedy, is *not mal-a-propos*. The full and distended vessels demand as a primary indication, that they shall have some additional support to that which the integument or the walls of the veins afford. This is best secured by the use of an elastic band, or stocking, and when this is not attainable, judicious bandaging. It will not do to neglect this by any means.

The remedies to be consulted in all their detail, local and constitutional, for these conditions, are as follows:

*Acetic ac.*, *Acon.*, *Aloes*, *Ambra g.*, *Ant. c.*, *Apis m.*, *Arn.*, *Ars.*, *Asaf.*, *Aur.*, *Baryta*, *Borax*, *Bell.*, *Bry.*, *Cactus c.*, *Calc.*, *Carbo v.*, *Caust*, *Cham.*, *Chin.*, *Coloc.*, *Con.*, *Digit.*, *Ferr.*, *Graph.*, *Guaj.*, *Hama.*, *Hep. s.*, *Hyos.*, *Ign.*, *Iod.*, *Kali c.*, *Kreos.*, *Lach.*, *Lach. v.*, *Lauro.*, *Led.*, *Lyc.*, *Mang.*, *Merc.*, *Mur. ac.*, *Nat. m.*, *Nit. ac.*, *Nux vom.*, *Phos.*, *Plat.*, *Puls.*, *Rhus*, *Ruta*, *Sep.*, *Spig.*, *Staph.*, *Sulph.*, *Tart. em.*, *Thuja*, *Verat.*, *Zinc*.

The index may be arranged as follows:

PHLEBITIS: from Contusion.—*Arn.*, *Con.*, *Hep.*

—— from Varices.—*Ham.*, *Chin.*, *Puls.*, *Merc.*

—— from Injury.—*Acon.*, *Arn.*, *Hep.*, *Rhus*.

PHLEBITIS: with Œdema.—*Ars.*, *Chin.*, *Merc.*, *Puls.*, *Rhus*, *Apis*.

—— with Suppuration.—*Hep.*, *Merc.*; *Apis*, *Arn.*, *Con*.

—— with Typhoid Symptoms.—*Ac. mur.*, *Apis*.

—— with Vomiting.—*Ars.*, *Puls.*, *Verat*.

PYEMIA: *Arn.*, *Asaf.*, *Aur.*, *Baryta*, *Bell.*, *Bry.*, *Cak.*, *Carbo v.*, *Cham.*, *Con.*, *Graph.*, *Hep.*, *Hyos.*, *Iod.*, *Kali c.*, *Lauro.*, *Led.*, *Lyc.*, *Mang.*, *Merc.*, *Nit. ac.*, *Nux v.*, *Phos.*, *Puls.*, *Rhus*, *Ruta g.*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*, *Tart. em.*,

VARIX: *Acon.*, *Aloes*, *Amb. g.*, *Ant. c.*, *Arn.*, *Ars.*, *Bell.*, *Calc. c.*, *Carbo v.*, *Caust.*, *Chin.*, *Coloc.*, *Ferr.*, *Graph.*, *Hamam.*, *Hep. s.*, *Ign.*, *Kreos.*, *Lach.*, *Lyc.*, *Nat. m.*, *Nux v.*, *Plat.*, *Puls.*, *Sep.*, *Spig.*, *Sulph.*, *Zinc*.

**Aconite nap.** Vertigo when rising, with nausea, vanishing of sight, and bleeding of the nose; face is yellow, or red and pale alternately; trembling and stammering speech; aversion to food; burning, unquenchable thirst; coldness of the feet up to the ankles; sudden, great sinking of strength; burning in internal parts; painful sensitiveness of the body to contact; he does not wish to be touched.

*Worse* at night; also when lying on the left side, when rising, in a warm room, and from the heat of the bed.

*Better* in the open air, and when sitting still. Left side.

**Aloes soc.** Giddiness, with anxiety when moving; lameness in all the limbs; cold hands with warm feet; sensation of weakness in the joints of the hands and feet.

*Worse* in the afternoon; also from standing, and from motion.

*Better* from cold water.

**Ambra gris.** Great restlessness; flushes of heat to the face; entire thirstlessness; sensation of coldness in the abdomen on one side; numbness of the whole body in the morning; weakness in the morning, and at night when awaking; spasms and twitches in the muscular parts; sleep disturbed by coldness of the body and coldness of the limbs.

*Worse* in the evening; also while sleeping, on awaking, and when lying in a warm place.

*Better* when lying on the painful part or side, and when walking slowly in the open air. Either side.

**Antimon. crud.** Giddiness with nausea, or bleeding at the nose; sad countenance; thirst at night; rheumatic pains in the legs or

arms; painful stiffness of the knee; very sleepy during the day, especially in the forenoon.

*Worse* at night; also in the heat of the sun.

*Better* during rest, or in the open air. Left side.

**Apis mel.** Giddiness when sitting, standing, lying, or when closing the eyes, with nausea and headache; burning, stinging heat in the face, with purple color; thirstlessness; cold legs, with œdematous swelling, as well as of the feet and ankles; great debility, as if he had worked hard; great sensitiveness to touch and to pressure.

*Worse* in the morning, evening, and at night; also from heat.

*Better* from cold water. Left side.

**Arnica mon.** Giddiness, with nausea when moving or rising; sunken, pale face; redness of one cheek; vomiting of dark, clotted blood; tingling in the legs; sensation of soreness in the legs; over-sensitiveness of the whole body; sleepiness, with inability to sleep during the day; drowsiness with delirium.

*Worse* in the morning, at night, and in the evening; also on moving, from cold, and on being touched.

*Better* from warmth. Left side.

**Arsenicum alb.** Restlessness; color of the face pale, or earthy, or yellowish, with blue rings around the eyes; distorted features; death-like countenance; violent, unquenchable, burning thirst, with frequent drinking, but of little at a time; varix, with hard, burning, shining swelling of the feet; sudden sinking of strength; fainting, with weakness, and scarcely perceptible pulse.

*Worse* at night; also from cold, when lying on the affected side, and when lying with the head low.

*Better* in the open air. Left side.

**Asafetida.** Sense of rigor; twitching and jerking in the muscles; much inclined to sleep.

*Worse* in the afternoon, and in the evening; also when sitting.

*Better* in the open air. Left side.

**Aurum met.** Sensation as if a current of air were passing through the head if it be not kept warm; bloated, shining face; immoderate thirst; over-sensitiveness to all pain. and to the cold air; great ebullitions, with congestions to the head and chest, and palpitation of the heart.

*Worse* in the morning; also from cold, and while reposing.

*Better* from moving, and on getting warm. Right side.

**Baryta c.** Dark redness of the face, with congestions; feeling as if the face were covered by spider-webs; heaviness of the body; sleepiness day and night.

*Worse* at night; also when sitting, and when lying on the painful side.

*Better* in the open air. Left side.

**Belladonna.** Vertigo, with stupefaction, vanishing of sight, and great debility; purple, red, hot face, or yellow color of the face; face pale, with distorted, anxious countenance; alternate redness and paleness of the face; excessive burning thirst, with constant desire to drink; drinks hastily; over-excitability of all the senses.

*Worse* in the afternoon, and at night; also on moving, and pain on touching the parts, even softly.

*Better* while lying down. Right side.

**Bryonia alba.** Unconsciousness; giddiness, with sensation of looseness in the brain when stooping, and when raising up the head; yellow paleness of the face; hot, bloated, red face; does not drink often, but much at a time; swelling of the lower extremities, with redness and pain on motion.

*Worse* in the evening; also from motion.

*Better* when sitting, and on getting warm in bed. Right side.

**Calcarea carb.** Fullness and heaviness in the head; internal and external sensation of coldness of one side of the head, as if a piece of ice were lying there, with pale and puffed face; continued and violent thirst for cold drinks; varices on genitals of women, the labiæ particularly; coldness and deadness of the feet; heaviness and stiffness of the legs; great weakness and debility from talking; tongue dry; very sensitive to cold air.

*Worse* in the morning, and evening; also from cold and wet, and on awaking.

*Better* from warmth. Right side.

**Carbo vegetab.** Periodical weakness of the memory; when moving the head, giddiness; greenish color, or great paleness of the face; tongue coated white, or yellow-brown; excessive thirst; varices on the female genitals; heaviness in the lower extremities; the legs go to sleep; numbness in the limbs; burning pains; great debility and weakness as soon as he makes the least exertion.

*Worse* in the forenoon, and at noon; also in the open air, and from pressure.

*Better* after lying down. Either side.

**Causticum.** Giddiness, with sensation of weakness in the head; yellowness of the face; semi-lateral paralysis of the face; dry tongue; paralysis of the tongue; distortion of the tongue and mouth when talking; violent thirst for cold drinks; marbled skin on the legs; swelling of the feet; cold feet; paralytic, trembling weakness of the limbs.

*Worse* in the evening; also in the open air.

*Better* in bed, and from heat. Right side.

**Chamomilla.** Hot, clammy perspiration on the scalp and forehead; bloated face; redness and burning heat of the face, particularly of one cheek, while the other is pale; tongue dry, red and cracked; or thick yellow or white coating on the tongue; convulsive movements of the tongue; thirst for cold water; burning in the soles of the feet; sensation of numbness of the toes; over-sensitiveness of the nerves and senses.

*Worse* at night; also from cold, and when lying down.

*Better* on rising. Left side.

**China off.** Nervous irritation, with slowness of ideas; face pale and sunken, with pointed nose, and eyes sunken, with a blue margin; pale, sickly appearance, as after excesses; bloated, red face; black coating of the teeth; tongue is coated white or yellow; thick, dirty coating of the tongue; blackish, parched tongue; no desire for eating or drinking; sometimes, violent thirst for cold water (or wine); drinking often, but little at a time; icy-coldness of one hand, while the other is warm; swelling of the feet; uneasiness in the legs, obliging him to curve and draw them up; over-sensitiveness of the nerves; numbness of the parts on which one lies; veins are much enlarged.

*Worse* at night; on touching the parts, after drinking, (and on motion?).

*Better* in the room. Left side.

**Colocynth.** Aversion to talk; disinclined to answer questions; face pale and relaxed, with sunken eyes; dark redness of the face; swelling of the face, with redness and heat of one cheek; burning at the tip of the tongue; tongue coated white or yellow; intense thirst; sensation of coldness in the knees; the feet go to sleep — first one, and then the other; swelling of the feet; faintness, with coldness of the extremities; burning pains.



*Worse* in the afternoon and evening; also while lying down in bed, or when lying on the painless side.

*Better* from motion, and lying on the painless side. Right side.

**Conium mac.** Giddiness when looking around; heat in the face; stiff, swollen, painful, and dry tongue; sensation of debility in the morning in bed; sudden loss of strength while walking.

*Worse* in the morning, and at night; also while standing, or lying down.

*Better* when the affected limb is hanging down, and from motion. Right side.

**Ferr. met.** Sickness at the stomach when walking, with sensation as if the head would constantly incline to the right side; congestion of blood to the head, with pulsation and hammering; heat and redness of the face, with enlarged veins, and sensitiveness of the head to the touch; earthy, jaundiced color of the face, or pale and bloated face, with red spots; fiery red face, with enlarged veins; swelling of the hands and feet; with numbness of the thighs; great emaciation; restlessness in the limbs.

*Worse* in the morning; also when at rest, more especially when sitting still.

*Better* from slow exercise. Left side.

**Graphites.** Pain in the head, as if it were numb and pithy; pale yellow color of the face; flushes of heat in the face; continued feeling as of a cobweb on the face; tongue much coated, with bitter taste in the mouth; numbness and stiffness of the thighs and toes; coldness of the feet in the evening when in bed; great emaciation; the limbs go to sleep readily; pulsation through the whole body whenever he moves.

*Worse* at night; also from cold.

*Better* from warmth. Either side.

**Hamamelis virg.** This has proved a very useful remedy to me in many cases of varix, and I am sorry that I can say no more of it than has already been said in other places (Varicocele, Hemorrhoids). I have used the first or third attenuations, and the fluid extract, topically, and, from an unpardonable neglect in recording symptoms, am unable to give you a single indication, save that empirical one of HALE'S—"Varicose veins."

**Hepar sulph.** Over-sensitiveness and irritability, with quick,



hasty speech; heat, and fiery redness of the face; yellow color of the face, with blue border around the eyes; deadness and tingling of the fingers; swelling of the feet around the ankles; weakness in all the limbs — they feel bruised.

*Worse* at night; also from cold, from pressure, and when lying on the painful side.

*Better* from warmth. Either side.

**Hyoscyamus nig.** Delirium without consciousness; has no want except thirst; when spoken to the answer is properly given, but he immediately relapses into unconsciousness and delirium; vertigo, with obscuration of sight, as from intoxication; heat and redness of the face; thirst, drinking but little at a time; distension of the abdomen, with pain when touched; slow, rattling breathing; painful numbness of the hands; trembling of the arms; swelling of the hands; uncommon sinking of strength; cold, sour-smelling perspiration; hot, dry, and brittle skin.

*Worse* in the evening; also after eating or drinking.

*Better* by stooping.

**Ignatia am.** Intolerance of noise: heaviness in the head; sore, bruised sensation in the head; alternate redness and paleness of the face; clay-colored, sunken face, with blue margin around the eyes; nausea, without vomiting; impeded breathing, with suffocating attacks; sensation of numbness in the arms at night when in bed, with feeling as if something living were running in the arm; heaviness of the feet; the feet are cold, extending even to the knees; trembling of the limbs; great sensitiveness of the skin to a draft of air.

*Worse* in the evening, and in the morning; also from taking coffee, tobacco, or brandy.

*Better* when lying on the back, or when changing the position.

**Jodium.** Restlessness, with constant desire to move about, not permitting one to sit or sleep; feeling as if a tape, or a band, were drawn tightly around the head; throbbing in the head at every motion; the white of the eye is of a dirty yellow color; alternate canine hunger and want of appetite; gastric derangements, with constipation; coldness of the hands; oedematous swelling of the feet; great emaciation, even with good appetite; great debility — even talking causes perspiration; internal dry heat, with external coldness.

*Worse* at night, and in the evening; also when fasting, from

lying on the painful side, from pressure, from warmth, and when walking quickly.

*Better* from cold; after eating.

**Kali carb.** Trifles vex one; noise is disagreeable; giddiness, as if proceeding from the stomach; the white of the eye is red, the capillaries being injected; sensation of coldness in the eyelids; face bloated, of a yellow color; weakness, loss of strength in the arms; cold hands; restlessness of the legs in the evening; swelling of the feet up to the ankles; a short walk fatigues much.

*Worse* in the morning; also when at rest.

*Better* in the open air, and while exercising.

**Kreosote.** Constipation; stools hard and dry, and only expelled with difficulty; stitches in rectum, extending towards left groin; œdematous swelling of both feet; livid complexion, with swelling of cervical glands; great drowsiness, with frequent yawning; tossing about all night, without any apparent cause; faintness when rising too early in the morning; restlessness of the body while reposing.

*Worse* in morning, in the open air on moving; from eating cold food.

*Better* from warmth.

**Lachesis.** Constipation, with ineffectual effort to evacuate; stools very offensive; sensation as if there was a plug in the anus; hemorrhoidal tumors protrude after the stool, with constriction of the sphincter; large hemorrhoidal tumors; dark-colored piles; uneasiness of lower limbs; trembling of the legs; sensation as if a hot iron were going through the knee-joints; swelling of the knees; coldness and swelling of the feet; tearing, pricking, or pulsating pains; inclination to lie down, and averse to moving.

*Worse* in the evening, and periodically; also in open or cold air, after sleep, or drinking acids or alcoholic drinks.

*Better* from warmth? Left side principally,

**Laurocerasus.** Dullness of senses; inability to collect one's ideas; insensibility, and complete loss of sensation; loss of consciousness, with loss of speech and motion; painless paralysis of the limbs; want of energy of the vital powers, and want of reaction.

*Worse* in the evening.

*Better* at night, and in the open air.

**Ledum pal.** Desire for solitude; the least covering is intoler-

able to the head; glandular swelling under the chin; constipation, the stool being mixed with blood; diarrhœa, the stool mixed with mucus and blood; swelling, tension, and stitches in the knee; swelling of feet up to the knee; hot swelling of the leg, with stinging, drawing pain; dryness of the skin, and want of perspiration; burning in the limbs; lack of vital heat.

*Worse* in the evening, and at night; also from the heat of the bed.

*Better* when keeping still.

**Lycopodium.** Small stool, in constipation, with feeling as if some were not expelled; hæmorrhage from the rectum, even after a soft stool; fullness in the rectum, continuing after a copious evacuation; stitches in the rectum; painful closing of the anus; protrusion of the varices; distension of the hæmorrhoids; swelling of the feet around the ankles, with cold perspiration; weeping mood, extremely sensitive and irritable; numbness of the limbs, feeling as if the circulation had ceased; great emaciation, and internal debility; the whole body feels bruised; faintishness at certain hours during the day; disposition to take cold; uneasiness, or longing for the open air.

*Worse* in the evening; also when lying down, or sitting, or beginning to walk, eating or drinking cold things, and from the pressure of the clothes.

*Better* on getting cold, on continuing to walk, and from warm food and drink.

**Manganum.** Out of humor, low-spirited, and reflective; contractive pain in rectum when sitting; red, shining swellings of the affected parts; inflammatory swellings and suppurations; every part of the body feels sore when touched.

*Worse* at night; also on stooping or being touched.

*Better.* Symptoms that are worse in the room are better in the open air, and *vice versa*.

**Mercurius viv.** Indifference to everything; continuous moaning or groaning; fainting after sweetish rising in the throat, followed by sleep; vertigo, as if one were in a swing; great debility and weakness, with trembling and ebullitions from the least exertion; inflammations, ending in suppurations and exudations; great tendency to perspiration; perspires with every movement.

*Worse* in the evening, and at night; also before falling asleep, during perspiration, when exercising, and from the heat of the bed.

*Better* in the morning, when at rest, and when lying down.

**Muriatic acid.** Sadness, peevish, irritable; vertigo, with tottering gait; hæmorrhoidal tumors, swollen, blue, with burning soreness; great debility as soon as he sits down, the eyes close, lower jaw hangs down; he slides down in the bed; great sensitiveness to damp weather; wakens early in the morning with a chill.

*Worse* in the afternoon; also when sitting down.

*Better* from motion.

**Natrum mur.** Indifference, taciturn, tendency to start; sad and weeping; difficulty of thinking; hæmorrhoidal tumors, with stinging pain; stools hard and dry, crumbling like sheep's-dung; great weakness and relaxation of all bodily and physical powers, from the least exertion; disinclination to move and walk after rising; great emaciation; pulsations in the whole body from the least exertion; restlessness in the limbs—they have to be moved constantly.

*Worse* in the forenoon; also from exertion, talking, using acids, and from anger.

*Better* while fasting, when lying on the back, and after lying down.

**Nitric acid.** Irritable; sadness, despondency; vertigo, more especially in the morning, obliging one to lie down; varices of the anus, swollen, burning, and bleeding after every evacuation; pricking pains as if from splinters, especially from contact; great debility, with heaviness of the limbs, especially in the morning; trembling of the limbs; sleepiness during the day, from debility, with vertigo.

*Worse* in the evening, and at night; also on touching the parts, on walking, and on rising from a seat.

*Better* from warmth.

**Nux vomica.** Over sensitive to external impressions, as noise, smells, light, and music; the time passes too slow; laziness and aversion to occupy himself; painful blind piles; great debility of the nervous system; sensation of heaviness of the body, alternating with sensation of lightness; feeling of soreness all over the body in bed in the morning; disposition to take cold, with great sensitiveness to the open air, and aversion to drafts of air, attacks of fainting.

*Worse* in the morning; from noise, eating, and light touch.

*Better* from strong pressure.

**Platina met.** Low-spirited, inclined to shed tears; indifference; tension in the limbs, as if they were wrapped up tightly; numbness and stiffness, with paralytic sensation in the limbs.

*Worse* in the evening; also when at rest.

*Better* from motion.

**Pulsatilla.** Gloomy, melancholy, weeps easily; piles with great soreness; tension in inner parts and joints; inflammation of internal organs, with disposition to suppurate; pulsations through the whole body; frequent anxious trembling of the limbs; attacks of fainting with great paleness of the face; inflamed varices.

*Worse* in the evening, and at night; also from warmth, on beginning to move, and when lying on the left or painless side.

*Better* from slow motion, in the open air, or from cold.

**Rhus tox.** Absence of mind; inclination to weep, with desire for solitude; great debility, weakness, and soreness; painless paralysis of the limbs; numbness in the extremities, with previous twitching and tearing in them; the parts on which one lies go to sleep; restlessness of the body, with inclination to move the affected parts; hard swelling of the affected parts.

*Worse* in the morning; also when at rest, on beginning to move, when the weather changes, and from cold.

*Better* from motion and from warmth.

**Ruta grav.** Anxious and low-spirited, with mental dejection; sensation of soreness in the part on which one lies.

*Worse* in the afternoon; also during rest, in cold weather.

*Better* from motion.

**Sepia.** Sadness with weeping; great indifference; restless, fidgety; heavy flow of ideas, and weak memory; piles protrude; discharge of blood with the stool; mucus from the rectum, with stinging burning; heaviness in the body; inflammatory swellings; tingling in outer parts; limbs go to sleep easily after manual labor, vibrations like dull tingling in the body; a short walk fatigues much; aversion to the open air; weakness of the joints.

*Worse* in the forenoon and evening; also from mental exertion, and when at rest.

*Better* from warm air.

**Spigelia.** Difficulty in thinking, and disinclination to mental exertion; weakness of memory; heaviness and soreness of the body when rising from a seat; painful sensitiveness of the body to



the touch, with chilliness of the parts touched, or with tingling running through the body.

*Worse* in the night and in the forenoon; also from the least movement, from touching the parts, and when walking in the open air.

*Better* after lying down.

**Staphisagria.** Weakness of memory; twitches at night; the muscles are painful to the touch, and the joints on motion; skin is hard to heal.

*Worse* from motion strong mental emotions and touch.

*Better* in evening, and after breakfast.

**Sulphur.** Dullness; difficulty of thinking, misplaces or cannot find the proper words when he speaks; piles oozing or bleeding; feeling of tension in outer parts and in joints; feeling of heaviness in inner parts; feeling of fullness in inner parts; feeling as if a hoop or a band were around parts; trembling and shaking of outer parts; the limbs go to sleep; great debility and trembling; talking fatigues; aversion to washing.

*Worse* in the evening, and periodically; also from bodily exertion, on getting warm in bed, while at rest, and from touch.

*Better* from motion and from heat.

**Tartar em.** Lethargy; hilarity in the day, anxious and timid in the evening; attacks of fainting; internal trembling; heaviness of all the limbs, with debility; pulsation in all the blood-vessels.

*Worse* in the evening; also when sitting, and from warmth.

*Better* in the open, cold air.

**Thuja.** Has a clinical reputation for Nevus.

**Veratrum.** Sudden sinking of strength; continuous weakness and trembling; numbness and tingling in the extremities; attacks of fainting from the least exertion; coldness of the skin, which is wrinkled.

*Worse* in the morning; also during perspiration.

*Better* after perspiration.

**Zincum.** Aversion to talking or working; weakness of the memory; pulsations through the whole body; violent trembling and twitching of the whole body;

*Worse* in the afternoon and evening; also in a warm room.

*Better* in the open air.



## OPERATION FOR VARIX.

THE operation is performed by sticking a hair-lip pin through the integument under the vein, and twisting silk or wire around it in a figure-of-eight form.

## ARTERITIS.

ARTERITIS is an inflammation of the arteries, and, like phlebitis, is caused either by injury as from a ligature, or is idiopathic, or rather, is caused by some constitutional taint, of a nature with which we are entirely unacquainted. The two varieties recognized by surgical writers, are *adhesive* or *limited*, and *diffuse* or *erysipeloid*. The former may be acute or chronic, idiopathic, or of a traumatic origin; the latter is always the result of injury.

In *adhesive* or *limited* arteritis, from the pressure of tumors, or long-continued pressure of any sort, the coats become thickened and fused together, finally forming an imperforate cord. This is very common in the chronic variety. The result may be the establishment of a collateral circulation, the absorption of the clot and consequent re-establishment of the circulation, or, in connection with the collateral circulation, a necessary obliteration of the main trunk.

*Diffuse Arteritis* differs from the preceding variety, in that the disease extends over a wider extent of surface, and is attended by plastic exudation. One of the most to be dreaded results is that of gangrene, which may be very readily set up if a large arterial trunk be the seat of the disease, and the diseased action should progress rapidly; particularly is this to be dreaded if a plug should form suddenly.

The symptoms are, pain, depending on the situation of the vessel — either superficial or deep, tenderness to pressure, and coldness of the limbs. The artery can be felt pulsating in jerks. The point immediately *below* the inflamed portion is always the most susceptible to pressure or touch, and this is sometimes excessively acute; this is most always the case when the artery is superficial, and is then attended with some loss of muscular power, and the pain is of a neuralgic character. When the artery is deep-seated, the pain is an intense burning, and is felt along the course of the branches of the vessel. When the plug is forming, there are

many symptoms which point to the difficulty to be apprehended. The pulsations below that point become gradually weaker, until at last when it is completely formed, it ceases altogether, and the limb, which all along had been falling in temperature, becomes cold and discolored, while the sensibility continues. Gangrene may invade the part in one of two forms, the senile or dry, and the moist; the former if the arteries alone are affected, and the latter when there is a complication of phlebitis; the sensibility in both instances of course, diminishing as the gangrene advances. When gangrene is fully formed, of course destruction of the limb ensues, and amputation is the last resort.

#### FATTY DEGENERATION OF ARTERIES.

THIS consists in the deposit of fat in the coats of the vessel. The diagnosis is not at all certain during life. The circulation is feebler from the want of elasticity of the vessel, and from the fact of its being incapable of providing the requisite amount of blood for the parts it supplies, atrophy, or even death of the part ensues. This disease is only or chiefly of interest from a pathological point of view.

#### CALCIFICATION.

THIS is a deposit of calcareous material on the inner coat of the vessel, which may assume almost any shape, exist in any quantity, and affect any extent of the vessel, which, in some instances, may be converted into a firm, unyielding tube. It is exceedingly difficult to determine positively the nature of the disease, and this will materially obscure the plan of treatment. We should be guided by the few pathognomonic indications, and good common sense.

#### ANEURISMS.

THIS is an enlargement or dilatation of an artery, either of all the coats, to a certain extent, or of only one, with a rupture of the others. ERICHSEN gives us three varieties: the *fusiform*, *sacculated*, and *dissecting*, sub-dividing the second class into two varieties, the *true* and the *false*.

(I.) The *Fusiform*, the whole of the vessel at one point is preternaturally dilated, each of the coats uniformly, and is sometimes

known as the "*tubular*." The aorta is the vessel usually the seat of this variety, but it is occasionally met with elsewhere. The disease does not consist alone in a simple dilatation, but in addition to all the coats being thickened and elongated, the outer one is particularly so, the middle has lost its elasticity, and the internal studded with deposits.

(2.) *Sacculated* aneurism proceeds often from the former variety. It consists of a tumor bulging out at the *side* of an artery, formed of its coats. *Circumscribed sacculated* aneurisms are those in which the blood is contained in the sac, no matter how large the sac may be. The *diffused* form are those in which the sac has burst, the blood poured out into the surrounding cellular tissue, but still being limited by a condensation of this tissue. Previous to one of the coats giving way, the coat so ruptured becomes firmly attached to the one remaining intact, so that the blood does not find its way between them, but when this does not occur, by reason of this failure we have another variety, called the

(3.) *Dissecting aneurism*, that is, the blood passes between two of the coats, separating them from each other. The terminations of this condition may be, the blood, after forcing itself for some distance, will burst through the external coat, and become effused into the surrounding parts; or, the external coat being too firm, it will open again through the internal coat, and thus an apparent septum be formed in the vessel; or, finally, both the internal and external coats being too strong to admit of an opening being formed, a sac may form in the very substance of the vessel, closing it up internally, and finally one or more coats will give way, and either a *false* sacculated aneurism result, or all the coats giving way, except external or internal, the blood be poured out into the neighboring parts, or form the second variety by opening into the cavity of the artery again.

In determining upon the treatment you must take into consideration, first, the locality; second, the effect that pressure would produce upon the neighboring parts; and third, as near as possible the form. The pressure exerted by these tumors on neighboring parts, is a very important phenomena to study, as these effects often are the only means we have for forming a correct diagnosis. Important veins are not unfrequently thus compressed, and varix, phlebitis, or even complete obliteration ensue; so also the nerves, air passages, or other arteries. The injurious effect of such pres-

sure on bones is fully shown in the disorganization and absorption they undergo. Aneurismal tumors on superficial vessels may generally be very readily detected by their shape and the pulsation communicated to the touch. Pulsation alone will not be sufficient; a tumor may rest upon an artery, and the pulsation in the latter be communicated to the former; raising the tumor will detect it, if such is the case, unless the artery pass through it. But the surest plan is to compress the artery firmly above the tumor, and if the pulsation in it ceases, joined to the other manipulations, you may consider the case made out. In diagnosing a deep or "*internal*" aneurism, the chief attention is to be paid to the "pressure effects," and to the sound of the beat at that point, which is louder than normal and of a rasping or scraping character. If, however, the aneurism is of the sacculated variety, and that with a small neck, this sound will not be heard, and hence a difficulty will be experienced in determining whether it be an aneurism or some other kind of tumor. I should not waste much time in use of remedies, but tie the vessel, or keep up continuous pressure.

#### ANEURISM BY ANASTOMOSIS.

THIS is perhaps the most dangerous of all the varieties of aneurism. It consists in a condition of the arteries resembling varix, and the resemblance is further shown, as the coats of the vessel are very thin, as well as the course being marked with a number of pulsating little pouches, looking like the valvular enlargements of the veins. They are usually found at a distance from large trunks; the tumors externally are of a bluish color, warmer than the surrounding skin; the beat is synchronous with the heart; they are irregular in shape; of a doughy feel; not circumscribed; and large tortuous vessels are felt running into them from various directions. On compressing the tumors the beating is partially suspended, and on remitting it, the blood returns into it with an expansive beat, and sometimes with some violence as if ejected from a syringe. The beating, however, is not a regular pulsation, but rather a thrill. The sound of this circulation is usually loud, though it may be soft and blowing.

#### NEVUS.

THIS disease, though not strictly an arterial one, is inserted here because it is more intimately associated with this class of diseases

than any other. It may be *arterial*, *capillary*, or *venous* in its form. *Arterial* nevi are simple aneurisms by anastomosis in miniature. The disease, in all of its forms, is essentially an excessive development of the vascular tissue of the part. *Capillary* nevi are slightly elevated, but flat spots on the skin; in color are bright-red or purplish, and larger vessels can be seen ramifying on their surface, which is slightly roughened. They are congenital, and vary greatly in size, from that of a pea, to as large as a hand, or larger. Their seat is usually on the head or neck, the face oftenest, although they may be found on any part of the body. If left alone they may be removed spontaneously, frequently by a sort of an ulceration that produces more deformity than pre-existed, from the resulting cicatrix. The hæmorrhage from them is not at all alarming, being a mere trickling. *Venous* nevi are quite large in some positions, and differ materially from the other varieties in not being compressible, and in color, which is a dark-brown. They are not at all painful, and apart from the blemish, are not troublesome. Sometimes they are soft, and compressible to a slight degree, and on being submitted to pressure are quite flat, but fill up again quickly when the pressure is removed. I consider them quite amenable to treatment.

**Treatment.**—*ARTERITIS*: *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Chin.*, *Con.*, *Hep. s.*, *Lach.*, *Lyc.*, *Merc.*, *Nux vom.*, *Phos.*, *Puls.*, *Rhus*, *Ruta*, *Sil.*, *Sulph.*, *Thuja*.

*ARTERITIS*: From Ligature and Injury.—*Acon.*, *Arn.*, *Bell.*, *Bry.*, *Hep. s.*, *Rhus*.

—— *Idiopathic*.—*Acon.*, *Bell.*, *Bry.*, *Calc.*, *Chin.*, *Lach.*, *Merc.*, *Nux v.*, *Phos.*, *Puls.*, *Rhus*, *Ruta*, *Sil.*, *Sulph.*, *Thuja*.

—— *Adhesive*.—*Acon.*, *Arn.*, *Ars.*, *Bell.*, *Bry.*, *Chin.*, *Con.*, *Lach.*, *Merc.*, *Nux v.*, *Puls.*, *Rhus*, *Sil.*, *Sulph.*

—— *Diffuse*.—*Acon.*, *Arn.*, *Ars.*, *Bell.*, *Chin.*, *Hep.*, *Lyc.*, *Merc.*, *Rhus*, *Sil.*, *Thuja*.

—— *Gangrene from*.—*Ars.*, *Bell.*, *Lach.*, *Rhus*, *Sulph.*

**FATTY DEGENERATION**: *Acon.*, *Ars.*, *Aur.*, *Borax*, *Calc.*, *Chin.*, *Caust.*, *Ferr.*, *Nux v.*, *Phos.*, *Puls.*, *Sulph.*

**CALCIFICATION**: *Calc. c.*, *Dig.*, *Ferr.*, *Kali c.*, *Phos.*, *Rhus*, *Sil.*, *Sulph.*

**ANEURISM**: *Ambra.*, *Arn.*, *Ars.*, *Bry.*, *Cact. g.*, *Calc.*, *Carbo v.*, *Caust.*, *Con.*, *Dig.*, *Ferr.*, *Graph.*, *Guaj.*, *Lach.*, *Lact.*, *Lyc.*, *Nat. m.*, *Phos.*, *Puls.*, *Rhus*, *Ruta*, *Sil.*, *Spig.*, *Sulph.*, *Zinc*.



ANEURISM of the Aorta particularly.—*Ars.*, *Cact. g.*, *Calc.*, *Carbo v.*, *Dig.*, *Graph.*, *Lach.*, *Lyc.*, *Nat. mur.*, *Puls.*, *Rhus*, *Spig.*, *Sulph.*, *Zinc.*

— by Anastomosis.—*Acetic ac.*, *Acon.*, *Bell.*, *Cact. g.*, *Dig.*, *Phos.*, *Rhus*, *Sulph.*

NEVUS: *Acetic ac.*, *Ars.*, *Borax*, *Calc.*, *Hep. sul.*, *Iod.*, *Lach.*, *Lyc.*, *Merc.*, *Sil.*, *Sulph.*, *Thuja.*

#### OPERATIONS.

Aneurism is the only one of the true arterial diseases that admits of an operation. The mechanical means in most common use are *ligation* and *pressure*. The ligatures must be placed on the vessel at some distance from the tumor. Of late years the treatment by pressure has been much and successfully practiced, and will undoubtedly in time supercede all others. This is effected either by an apparatus, like a hernia truss, or else by the fingers of assistants.

*Nevi* are usually treated by passing silk backwards and forwards through their substance, and thus strangulating them. Some excise them; and some again destroy them by active escharotics. The best of all is to remove them by remedies.

## SURGICAL DISEASES OF NERVES.

### NEURALGIA, NEURITIS, NEUROMA, TETANUS, WOUNDS.

#### NEURALGIA.

NEURALGIA is a condition which, when neglected, becomes neuritis. One is an irritation, and the other an inflammation subsequent to it. The development of neuralgia is almost always due to some local irritation. Pressure of some foreign material upon the nerve, or any cause that induces nervous prostration may induce it. The disease may affect almost any part of the body. The symptoms are these; pain in the course of the nerve, of all degrees of severity, which is sometimes so very



severe that the strongest persons are totally incapacitated from performing any of their ordinary occupations. It may come on gradually, or suddenly like an electric shock, and be accompanied with increased secretions from the part affected, or a partial or total suppression. The pain may be prickling, burning, shooting, throbbing, or steady. The skin is extremely sensitive to touch, but is sometimes not so much so to strong and continued pressure. When it becomes chronic, I consider the disease to have changed its nature, and become

#### NEURITIS.

THIS is an inflammation of a nerve, and is commonly seen after some direct injury inflicted on the nerve, as in operations. It also follows rheumatism and strains. It results in softening of the nerve substance. The pain is similar to that of neuralgia, but is not intermittent, and is not apt to recur after it has disappeared. The skin is not so sensitive to pressure, but there is tenderness along the track of the nerve, and some swelling. The only points of difference between the two forms, is, that one is acute, the other chronic; one periodic, the other not.

#### NEUROMA.

THESE are tumors of a fibrous consistence, connected with the nerves, but not composed of nerve tissue. They are most common in connection with the nerves of the spinal system, although they are occasionally seen in connection with those of the ganglionic. In structure they resemble very closely the neuromatous tumor, and are found to be surrounded by nervous filaments, some few of which may pass through its substance. The nerve, of course, is more or less affected when the tumor presses upon it, but above and below it is normal in appearance, at all events. When they occur singly, or when only one or two are found, they are extremely painful, but — and it is a remarkable fact — that when there are great numbers of them, they are entirely painless. They may give rise to neuralgia, followed by neuritis. In shape they are usually oblong, with their long axis parallel to the course of the nerves, and may be freely moved in any direction save that in the course of the nerve. In size they may be from

that of a mustard-seed to as large as the fist, or larger. They may also exist in any number, from one to several hundred, and are more apt to attain a large growth when single, than when in great numbers. When these tumors follow operations, and occur in the divided extremity of a nerve, it is due to a ragged or lacerated wound, or to some abnormal condition of the nerve. The pain in such tumors is excruciating, and has frequently called for re-amputation, or exsection of the nerve.

#### TETANUS.

THIS is one of the most formidable looking diseases to treat imaginable, but a careful selection of the remedy will prove it otherwise. We have four recognized varieties, each of which is usually ushered in by the appearance of the first mentioned. They are — 1st, *Trismus*, or, as it is commonly called, “locked-jaw;” 2nd, *Opisthotonos*, in which the body is bent backwards, so that it rests on the heels and occiput; 3rd, *Emprosthenos*, in which it is similarly curved forward; and 4th, *Pleurosthotonos*, in which it is bent to one side. In all the varieties, the body is rigid, and the face drawn into an expression of the most intense agony. Unlike most spasms, the muscles after once becoming rigid do not relax again until the disease is removed. The principal symptoms are as follows:—Closing of the jaws, which cannot be opened; difficult, or impossible deglutition; rigidity and immobility of the limbs and trunk.

#### WOUNDS OF NERVES.

THE degree of danger is dependent upon the size of the nerve, and its importance in the economy. If the pneumogastric nerve is severed, or materially injured, so that its function is destroyed, it is followed by death. Other nerves of motion, more particularly if injured give rise to a paralysis of all muscles below the seat of injury. When a portion of a nerve is entirely removed, of course paralysis of the parts it supplies will follow; but it sometimes happens that the portion so removed is small, and a subsequent imperfect union of the cut ends follows, followed again by just as imperfect a restoration of junction. DR. McCLELLAN, of Philadelphia, operated for the removal of a parotid gland; he found the

pneumogastric, spinal accessory nerve, and portia dura, involved in the diseased mass. The tumor was excised, and with it a portion of the pneumogastric two inches in length; "strange to say, scarcely any impediment to respiration was experienced, and the patient recovered." This case is reported to show that there are exceptions to the above rule, in which the important functions of the pair, can be carried on by one alone.

When the nerve has been divided, partially or completely, or when a vein has been excised, *Staphisagria*, internally and externally, will prove the quickest remedy in promoting a union of the cut ends. *Calend.* may be found more useful in cases of excision, and is to be given in the same way. When pricks from sharp instruments, bruises, or neuralgia from these causes is the trouble, *Arnica*, or *Conium* will be the best remedy. For external application, the tincture is always to be understood, ten drops to an ounce of water. Internal administration, the 30th is to be understood, and when another attenuation is desirable it will be named.

**Treatment.**—In selecting a list of remedies to consult for the treatment of these affections, I am almost afraid that they will confuse rather than aid, but it is impossible to abbreviate; indeed, it is much easier to add to the indications.

**NEURITIS:** *Acon.*, *Apis.*, *Ars.*, *Bell.*, *Bry.*, *Canth.*, *Caps.*, *Chin.*, *Con.*, *Dig.*, *Euph.*, *Lyc.*, *Merc.*, *Nux v.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Sulph.*, *Verat.*, *Zinc.*

**NEURALGIA:** *Acon.*, *Anac.*, *Arn.*, *Ars.*, *Asaf.*, *Aur.*, *Baryta*, *Bell.*, *Bry.*, *Camph.*, *Carbo v.*, *Caust.*, *Cham.*, *Chin.*, *Cimicifuga*, *Cina.*, *Coff.*, *Coloc.*, *Con.*, *Cypripedium*, *Elaterium*, *Ferr.*, *Gels.*, *Graph.*, *Hep.*, *Hyos.*, *Ignat.*, *Ipec.*, *Kali c.*, *Kalmia lat.*, *Lach.*, *Lyc.*, *Magnes.*, *Mangan.*, *Merc.*, *Mezer.*, *Nit. ac.*, *Nux v.*, *Oleand.*, *Petrol.*, *Phos.*, *Phytol.*, *Plat.*, *Puls.*, *Rhus t.*, *Rhus r.*, *Sabad.*, *Sep.*, *Sil.*, *Spig.*, *Stan.*, *Staph.*, *Teucris.*, *Thuja*, *Valer.*, *Verat.*

**NEUROMA**—Idiopathic: *Acon.*, *Arn.*, *Bell.*, *Calend.*, *Calc.*, *Lyc.*, *Merc.*, *Rhus*, *Ruta*, *Sil.*, *Thuja*.

—traumatic: *Arn.*, *Acon.*, *Bell.*, *Bry.*, *Calend.*, *Con.*, *Chin.*, *Rhus*, *Ruta*, *Sulph.*

(sub-cutaneous tubercle): *Acon.*, *Arn.*, *Ars.*, *Aur.*, *Calc.*, *Dig.*, *Lyc.*, *Merc.*, *Nux v.*, *Puls.*, *Rhus*, *Ruta*, *Sil.*, *Sulph.*

**TETANUS:** *Acon.*, *Ammo. c.*, *Angust.*, *Arn.*, *Camph.*, *Cham.*, *Cic v.*, *Cocc.*, *Gels.*, *Hyos.*, *Ign.*, *Lyc.*, *Merc.*, *Nat. m.*, *Opi*, *Phos.*, *Rhus*, *Staph.*, *Stram.*, *Sulph.*, *Verat.*, *Canth.*, *Cin.*, *Gratiola*, *Ipec.*, *Nux v.*, *Plat.*, *Secale*, *Stan.*

**TRISMUS:** *Angust., Bell., Cicuta v., Hyos., Lach., Merc., Stan., Acon., Ammo. c., Arn., Ign., Opi., Stram.*

**OPISTHOTONOS:** *Bell., Hyos., Ign., Opi., Rhus Vipera redi.*

**EMPROSTHOTONOS:** *Coloc., Ign., Hyos., Stan.*

**PLEUROSTHOTONOS:** *Acon., Bell., Bry., Hyos., Phos., Stram., Stan.*

**Aconite.** Vertigo on rising up in bed; crampy sensation at root of nose, making her feel as if going crazy; feeling as if the whole brain would press out at the forehead; she fears to be in a place of excitement or confusion. Insupportable pains, especially at night; shooting or pulsating pains; thirst; redness of the cheeks; small and quick pulse; great sensitiveness of the whole nervous system, especially of the organs of sight and hearing.

*Worse* in the evening and at night; also from warmth.

*Better* when at rest and in the open air.

**Ammonium carb.** Feeling as if the head would burst; anxiety, with inclination to weep; discharge of sharp, burning water from the nose; pale, bloated face; much thirst; debility, compelling one to lie down; great sensitiveness to cold; tearing and burning pains; pulse hard, tense and frequent; attacks of chilliness in the evening; during the day and in the morning, perspiration, principally about the joints.

*Worse* in the evening; also from wet poultices and pressing the teeth together.

*Better* from pressure and warmth.

**Anacardium.** Loss of memory: fluent coryza; loss of taste; diminished sensibility, particularly of smell, sight and hearing; sensation as if a hoop or band were around the parts; pulse accelerated, with beating in the veins; coldness internally, with external heat; clammy perspiration of palms of the hands.

*Worse* in morning, periodically; also from rubbing.

*Better* during dinner. Left side.

**Angustura.** Excited; easily starts; heat and bluish redness of the face; tension in the muscles of the face; the lips are drawn back showing the teeth; thirst, but no desire to drink; pulse accelerated, spasmodic, intermitting, and at times irregular.

*Worse* in the morning; also from touching the parts.

**Apis mel.** Restlessness; twitching of the eye-balls; œdematous swelling of the lids; redness and swelling of both ears; burning or stinging heat in the face, with purple color; œdematous swelling of the face; thirstlessness; tension over the eyes, behind

the ears and in the neck; pulse full and rapid, or small and trembling; intermitting pulse; chilliness from the least movement, with heat of the face and hands; sharp pains like a bee-sting.

*Worse* in the morning, evening, and at night; also from heat.

*Better* from cold. Left side.

**Arnica.** Crawling, pricking in the part; agitation and restlessness, which compel the patient to move the parts continually; great sensitiveness to noise; heat of face, cold body; hot, red, shining swelling of one cheek; burning, hot, cracked lips; thirst, desire for cold water; longing for alcoholic drinks; pulse very variable, mostly hard, full, and quick; internal chilliness, with external heat; perspiration smelling very sour, sometimes cold.

*Worse* in the morning, evening, and at night; also on moving, being touched, and from cold.

*Better* from warmth.

**Arsenicum.** Burning or tearing pains, felt even during sleep; pains become insupportable, so that he becomes furious, and despairing; great anguish; excessive weakness, so that he has to lie down; intermission of the pain, when sensation of coldness in the part affected; the pain is so great that the patient is continually moving from room to room, or place to place; swelling and burning of the nose; fluent coryza of burning, sharp, excoriating water; puffiness of the face, especially around the eyes; distorted features; lips black, dry and cracked; longing for cold water, acids, and alcoholic drinks; sudden sinking of strength; pulse frequent in the morning, slower in the evening; skin dry, like parchment.

*Worse* at night, and in morning; also from cold, when lying on the affected side.

*Better* from heat in general.

**Asafœtida.** Hysterical restlessness and anxiety; sensation of numbness of the bones of face; twitching and jerking in muscles; pulse small, rapid, and unequal.

*Worse* in the afternoon and evening.

*Better* in the open air. Left side.

**Aurum met.** Melancholy mood, dejected, inclined to weep, and longing to die; almost driven to suicide; fiery sparks before the eyes; roaring in the ears; very sensitive smell; bloated, shining face; immoderate thirst; hysterical spasms with laughing and crying alternately; pulse is small, but accelerated.



*Worse* in the morning; also from cold.

*Better* from motion and warmth.

**Baryta c.** The light hurts the eyes; in the dark he sees spots before them; dark redness of the face; tension on the face as if it were covered with spider's webs; flushes of heat; pulse weak, but accelerated.

*Worse* at night; also when thinking of it.

*Better* in open air.

**Belladonna.** Nervous anxiety and restlessness; eyes sparkling, red and glistening; looks wild, unsteady; inflammation of the ear; dullness of hearing; inflammation and redness of the nose; sense of smell preternaturally acute; purple-red and hot face; alternate redness and paleness of the face; spasmodic distortion of the mouth; violent cutting pains; the upper lip is swollen; excessive burning thirst; inability to swallow; pulse accelerated, often full, hard and tense; sometimes soft and small; if slow the pulse is full; dry heat, with thirst; perspiration on the head, or only on those parts that are covered; the patient seems to be in a stunned or stupid condition.

*Worse* at night; also from the least touch, from light, or noise.

*Better* while lying down. Right side.

**Bryonia.** Exceedingly irritable, inclined to be angry; burning in the eyes, and edges of the eyelids; the eyes feel as if pressed out of the head; the upper lids are particularly swollen; does not drink often, but much at a time; swelling of the affected parts, with inability to move them; pulse full, hard, and tense; perspiration profuse, and very easily excited; desire to keep very still.

*Worse* in the evening; also from motion, or sitting up in bed, and from heat.

*Better* on getting warm in bed. Right side.

**Calendula off.** Provings of this remedy are very incomplete, but the little use I have made of it justifies me in recommending its use, topically at all events, in neuritis resulting from a lacerated wound.

**Camphora.** Great anguish and discouragement; confusion of ideas; aversion to light; usually thirstlessness; sometimes violent thirst; sudden and great sinking of strength; death-like paleness of the face, alternating with redness; icy-cold face, purple or pale; distorted countenance; foam at the mouth; icy-coldness of whole body, with paleness of face; pulse small, weak and slow; cold perspiration, often clammy, and always very debilitating.



*Worse* at night; also from cold.

*Better* when thinking of it.

**Cannabis ind.** (From HALE.) Heat of the skin; copious perspiration; pulse very slow, with nausea; general restlessness; desire to sleep, but inability to do so; dry mouth and thirst. Even these few unimportant symptoms are, I fear, far from being reliable. They are all I can find, however.

**Cantharides.** Anxious restlessness, ending in rage; eyes protruding; fiery, sparkling, staring look; death-like appearance; expression of terror and despair; hot, red, and swollen face; thirst, but yet an aversion to all fluids; pulse hard, full, and rapid; burning heat, with anxiety and thirst; cold perspiration, smelling like wine.

*Worse* in the afternoon and night; also from coffee.

*Better* from lying down. Right side.

**Capsicum.** Peevish, easily offended; redness of the cheeks without heat, often changing to paleness; swollen and cracked lips; thirstlessness; pulse irregular, and often intermitting; heat, with perspiration and no thirst.

*Worse* in the evening, and at night; also when eating or drinking, or beginning to exercise.

*Better* from continued exercise.

**Carbo veg.** Sensitiveness and irritability; burning and pressing in the eyes; pulsations in the ears; great paleness of the face, swollen face and lips; greenish color of the face; excessive thirst; numbness of the limbs (and parts affected); burning pain; pulse small, weak, imperceptible; uneven or intermitting pulse.

*Worse* in the morning and forenoon; also in the open air, from poultices and pressure.

*Better* after lying down.

**Causticum.** Melancholy, peevish, low-spirited; buzzing and roaring in the ears and head; painful swelling of the external ear; yellowness of the face, especially the temples; spasmodic sensation in the lips; sensation of tightness and pain in the jaws, making it very difficult to open the mouth or to eat; violent thirst for cold drinks; pulse only accelerated towards evening; flushes of heat; sensation of internal chilliness, followed by perspiration without previous heat; perspiration is sour.

*Worse* in the evening; also in the open air.

*Better* from heat.

**Chamomilla.** Ill-humor, taciturn; aversion to a bright light; sensitive hearing and smell; bloatedness of the face; swelling, with hardness and blueness of one cheek; heat of the face while the rest of the body is cool; great thirst, with longing for cold water; great prostrating debility as soon as the pain begins; pulse small, tense, and accelerated; heat, with occasional chills; heat, with anxiety, and perspiration of the face and scalp.

*Worse* at night; also while down, and during sweat.

*Better* while fasting, and on rising. Left side.

**China off.** Indifference and apathy; serous irritation; humming in the ears; heat and redness of the nose; violent thirst for cold water; drinks often, but very little at a time; face pale and sunken; red and bloated face; the lips are swollen; pulse small, hard, and rapid, or irregular; over-sensitiveness of the nerves from loss of fluids.

*Worse* at night; also from the slightest touch, after drinking.

*Better* in the room.

**Cicuta vir.** Hardness of hearing; deadly paleness of the face, with coldness of the face and hands; red face; grinding of the teeth; the throat feels closed; inability to swallow; violent thirst; spasms of the muscles, especially of the neck and chest; pulse is weak, slow, and trembling; internal heat.

*Worse* in the afternoon; also from cold.

*Better* when in bed, and from warmth.

**Cimicifuga.** (HALE.) Severe pain in left jaw; heat on one side of face, with lassitude all over; very severe pain in the face, more in under jaw, lower teeth, and articulation of lower jaw; pains in head and face constant, and very severe; pain in right superior maxillary bone and teeth.

**Cina.** Disposition to be offended by trifling jests; bloated, pale face, with blueness around the mouth; pale, cold face, with cold perspiration; increased thirst; the body is stretched out, and becomes rigid; dull stitches in different parts of the body; the limbs twitch, and are distorted; pulse small, hard, and rapid.

*Worse* at night; also from external pressure.

*Better* after lying down. Left side.

**Cocculus.** Pain in the eyes, as if they were torn out of the head; hardness of hearing, with noise as of rushing water; heat in the face, and redness of the cheeks; sensation of extreme

weakness; disposition to tremble; trembling of all the limbs; pulse small and spasmodic, sometimes it cannot be felt; perspiration of the parts affected.

*Worse* in the evening; also from talking, sleeping, drinking, and in the cold air.

*Better* from pressure and warmth.

**Coffea.** Over-sensitiveness; weeping mood; sense of hearing more acute; dry heat in the face, with red cheeks; nightly thirst; the pains are intense, driving to despair; twitching of the limbs; chilliness increased by every movement; head feels contracted and too small.

*Worse* at night; also from the open air.

*Better* from cold water.

**Colocynth.** Aversion to talk; disinclined to answer questions; pulsation and rushing in the ears; fluent coryza; face pale and relaxed, with sunken eyes; dark redness of the face; tearing, or burning, or stinging pain on the left side, extending to the ear and head; swelling of the face, with redness and heat of one cheek; twitching of the muscles; faintness with coldness of the extremities; burning pains; pulse full, hard, and accelerated; internal heat; attacks of flushes of heat.

*Worse* in afternoon and evening; also when lying down, and lying on painless side.

*Better* when lying on painful side, and from motion.

**Conium mac.** Inclination to start as if with fright; great and painful sensitiveness of hearing; roaring and humming in both ears; excessively acute smell; heat in the face; stinging-tearing faceache; dry and scaly lips; sensation of debility; sudden loss of strength when walking; pulse irregular, generally slow and full, alternating with small and frequent beats.

*Worse* in the morning and night; also when eating, standing, or at rest.

*Better* from motion. Right side.

**Cypripedium.** (HALE.) This author makes the following characteristic remark: "In many cases of neuralgia 'the pain is the disease.' In such instances the *Cypripedium* will be found curative in many cases"!!!

**Digitalis.** Great anxiety, and inclination to shed tears; gloomy and peevish; blueness of the eyelids; swelling of the lower lids; hissing before the ears, like boiling water, with hardness of hear-

ing; pale face, with blueish hue under the pale skin; convulsions on the left side of the face; faintness and debility with perspiration; great nervous weakness; pulse is very slow, especially when at rest; pulse irregular and intermitting; while moving about the pulse is accelerated; internal chilliness with external heat; chilliness with heat and redness of the face; sudden flushes of heat, followed by great debility.

*Worse* after dinner.

*Better* when lying down.

**Elaterium.** Depression of spirits, fever with violent tearing pain throughout the head.

*Better* from perspiration.

**Euphrasia.** Taciturn, disinclined to talk; swelling of the lower eyelids; redness of the face; stitches and stiffness in the cheek and lower jaw when talking or chewing; crawling as of a fly in one or other of the limbs, from below upwards in a straight line, with numbness of the part.

*Worse* in the evening; also when wet. Left side.

**Ferrum.** Anxiety, as after committing a crime; quarrelsome disposition; inflammation and redness of the eyes, with burning and stinging; pale bloated face, especially around the eyes; fiery redness of the face, the veins are enlarged; pale face with red spots; unquenchable thirst; longing for acids; weakness of the body almost paralytic; so weak that she must lie down; pulse full and hard; violent ebullitions.

*Worse* in the morning; also when at rest

*Better* from slow exercise. Left side.

**Gelsemium.** Great irritability, does not wish to be spoken to; aversion to light, particularly candle-light; heat in face, with fullness in head, and cold feet; stiffness of the jaws — they are locked; pulse slow, accelerated by motion.

*Worse* at night; also on waking.

**Graphites.** Melancholy, with inclination to grief; easily vexed; pressure and stinging in the eyes, with lachrymation; feeling as if the ear was filled with water; pale, yellow color of face; continued feeling as if from a cobweb over the face; violent thirst, early in the morning; pulsation through the whole body whenever he moves; pulse full and hard, but not accelerated; inability to perspire.

*Worse* at night; also from cold.

*Better* from warmth, and on getting warm in bed.

**Gratiola.** Serious, taciturn, absorbed in reverie; burning heat in the face; face feels swollen; violent thirst; physical and mental depression; great languor and prostration; tetanic spasms, feeling bruised on recovery.

*Worse* in the afternoon; also when sitting, and after eating.

*Better* from contact.

**Hepar sulph.** The slightest cause irritates him, and makes him vehement; dejected, sad, with inclination to shed tears; inflammation of the eyes and lids; darting pains in the ears; redness and heat of the nose; heat and fiery redness of the face; yellow color of the face, with blue borders around the eyes; fainting from slight pain; weakness of all the limbs, they feel bruised; pulse full, hard, and accelerated, at times intermittent; flushes of heat, with perspiration.

*Worse* at night; also from cold, and on touching the parts.

*Better* from warmth.

**Hyoscyamus.** Red, sparkling eyes; heat and redness of the face; swollen, brown-red face; distorted bluish face, with the mouth wide open; repeated attacks of fainting; subsultus tendinum; pulse full, hard, and accelerated; distension of the arteries; cold, sour-smelling perspiration.

*Worse* in the evening; also after eating or drinking.

*Better* by stooping.

**Hypericum perf.** Sensation as if the head became elongated; stitches in the right eye; shooting through the ear; the face feels hot and bloated; tension in the cheek; thirst, with feeling of heat in the mouth; violent thirst; feeling of weakness and trembling in all the limbs; pulse hard and accelerated.

*Worse* in the afternoon; also after eating. (*Vide* LIPPE, p. 294, symp. 39, for lacerated wounds of nerves especially.)

**Ignatia.** The slightest contradiction irritates; intolerance of noise; cannot bear the glare of light; alternate redness and paleness of the face; redness and heat of one cheek and ear; perspiration only on face; trembling of the limbs; pulse hard, full, and frequent, or very variable; flushes of heat externally.

*Worse* in the morning and evening; also when lying down, from coffee, tobacco, and brandy.

*Better* when lying on the back, and from a change of position.

**Ipecacuanha.** Irritability, restlessness, impatience; cannot

bear the least noise; pale face, with blue margins around the eyes; convulsive twitches in the muscles of the face and lips; opisthotonos, and emprosthotonos; great weakness, and aversion to all food; over-sensitiveness to heat and cold; twitching in the limbs; the body is stretched out stiff; **pulse** very frequent, but at times scarcely perceptible; damp coldness of the hands and feet.

*Worse* at night. Right side.

**Kali carb.** Angry and irritable; easily startled, especially if touched; painful sensitiveness of the eyes to the light of day; dullness of hearing; dullness of smell; face bloated; yellow color of the face; swelling and redness of the cheeks; twitching of the muscles; pulse very variable; strong pulsations in the arteries; internal heat, with external chilliness; the perspiration is fetid, or smells sour.

*Worse* in the morning; also in cold air, and when lying on the side.

*Better* from warmth.

**Kali bich.** Ill-humor, low-spirited, indifferent; sudden attacks of giddiness on rising from the seat; eyelids burning, inflamed, and much swollen; oedematous swelling of the eyelids; sensitive painfulness of the bones of the face, as if bruised; perspiration on the upper lip; increased thirst; stiffness of the neck when bending the head forward; quickly moving, wandering pains, from one part of the body to the other; great debility, with desire to lie down; pulse small and accelerated; hot, dry skin.

*Worse* in the morning, and periodically; also from cold, and after eating.

*Better* from warmth.

**Kalmia lat.** Sensation of stiffness around the eyes, and in the lids; coryza, with increased sense of smell; paleness of the face; stitches and tearing in the lower jaw; pulse slow and weak; heat, with burning and pain in the back and loins; cold perspiration; dry skin.

*Worse* in the evening; also in the open air, and from motion.

*Better* when lying down.

**Lachesis.** Nervous irritability; paleness, yellowness, or lead-like color of the face; heat and redness of the otherwise pale face; great thirst; stiffness of the neck; tearing, pricking, and pulsating pains; inclination to lie down, and aversion to move; pulse small and weak, but accelerated, or else unequal and in-



termittent, or alternately full and small pulse; skin of the part bluish-red.

*Worse* in the evening; also in the open air, from cold, and after sleep.

*Better* from warmth. Right side.

**Lycopodium.** Low-spirited, taciturn, melancholy; over sensitiveness of hearing; the same in regard to smell; paleness of the face; flushes of heat in the face; spasmodic twitching in the muscles of the face; the lower jaw hangs down; painful stiffness and soreness of one side of the neck; involuntary alternate contraction and extension of the muscles in different parts of the body; sensation as if the circulation stood still; want of natural heat; violent perspiration from the least exertion.

*Worse* in the evening; also when lying down, from the pressure of the clothes, and strong smells.

*Better* from cold. Right side.

**Magnesia carb.** Anxious, with perspiration all day; sad mood, with indisposition to talk; sensitiveness to noise; pale face; earthy, sickly complexion; alternate redness and paleness of the face; desire for acid drinks; stiffness of the neck; painfulness of the whole body; pulse slightly accelerated during the night.

*Worse* at night; also from talking, or mental emotion.

*Better.*—Symptoms are better from walking, which come on while sitting, and *vice versa*.

**Manganum.** Out of humor, low-spirited, and reflective; eyelids swollen, and painful to the touch; face pale and sunken; twitching stitches from lower jaws to temples when laughing; cramping pain in the upper and lower jaw after eating; no thirst; stiffness of the nape of the neck; pulse very uneven and irregular; sudden flushes of heat in the face, chest, and over the back; profuse perspiration, with short, anxious breathing.

*Worse* at night; also on stooping, and on being touched ever so lightly.

*Better.*—Symptoms better in the open air, which came on in the room, and *vice versa*.

**Mercurius.** Copious perspirations, which do not afford any relief; sweat at every motion; violent thirst; swelling, redness and closing of the eyelids; feverish heat and redness of the face; swelling of the cheeks; almost complete immobility of the jaw;

swollen and stiff neck, with difficulty of turning the head ; painful closing of the jaws.

*Worse* in the evening and night ; also from the heat of the bed, and when exercising.

*Better* when at rest, and when lying down.

**Mezereum.** Restlessness when alone, and longing for company ; twitching of the muscles around the eyes ; visible twitching on the root of the nose ; gray, earthy complexion ; frequent troublesome twitching of the muscles in the middle of the cheek ; face and forehead hot and red, with great restlessness and peevishness ; tension of the muscles ; twitching of muscles ; pulse full and hard, in the evening accelerated ; sensitive to touch.

*Worse* in the evening, and at night ; also from contact and motion.

*Better* when walking in the open air.

**Moschus.** Great anxiety, with palpitation of the heart ; vertigo as soon as the head is moved ; pale face, with perspiration ; the right cheek is red without heat, the left pale and hot ; heat in the face without redness ; tension in the facial muscles as if too short ; movement in the lower jaw as if he were chewing ; great dryness of the mouth ; pulse full and accelerated, with ebullitions, or weak pulse.

*Worse* in the afternoon ; also in cold air.

*Better* from warmth.

**Natrum mur.** Great tendency to start ; difficulty of thinking ; face shining, as if greasy ; heat in the face ; swollen face ; tingling and numbness of the lips ; tension and drawing in the back ; stitches in the neck and back part of the head ; painful stiffness of the neck ; twitching in the muscles and the limbs ; pulse very irregular ; beating of heart shakes the whole body.

*Worse* in the morning ; also from physical exertion.

*Better* when fasting, and after lying down.

**Nitric acid.** Sadness, despondency ; vexed at trifles ; eyes dull and sunken, with pale face ; swelling of the cheeks ; violent thirst ; stitches in and between the shoulder-blades, with stiffness of the neck ; flushes of heat, with perspiration on the hands ; pulse very irregular, one normal beat often is followed by two small and rapid beats, the fourth beat entirely intermitting ; alternate hard, rapid, and small beats.

*Worse* in the evening, and at night ; also on waking, and from touch.

*Better* from warmth.

**Nux vom.** Over-sensitiveness to external impressions, such as noise, light, and smell; reeling vertigo on rising from a seat or the bed, or on raising the head; yellowness around the mouth and nose, or around the eyes; red, swollen face; burning redness of the face, with heat; the muscles of the face twitch in the evening when lying down; trismus; longing for brandy, but aversion to water; tension between the shoulder-blades; sensation in the small of the back, as if lame; heaviness and stiffness of the neck; stitches in jerks through the whole body; pulse full, hard, and accelerated, or small and rapid, or every fourth beat intermits; general internal heat.

*Worse* in the morning; also from motion and slight touch, on waking in the morning, and after eating.

*Better* from strong pressure. Right side.

**Oleander.** Absence of mind, want of attention; vertigo on rising from the bed, or on looking fixedly at an object, or when looking down when standing; alternate paleness and dark redness of the face; numbness of the upper lip; much thirst, especially for cold water; fainting as if from weakness, relieved by perspiration; pulse very changeable and irregular.

*Worse* at night; also when rising from the bed, and when eating.

*Better* when lying down, and from perspiration

**Opium.** Stupid indifference; stupefying vertigo, compelling one to lie down; the eyes are half open and turned upwards; swelling of the lower lids; the eye feels too large for the orbits; the face is bloated, dark-red, and hot; bluish face; trembling, twitching, and spasmodic movements of the muscles of the face; corners of the mouth twitch; distortion of the mouth; hanging down of the lower jaw; the veins of the face are distended; violent thirst; the body is spasmodically bent backwards; rigidity of the whole body; pulse varies very much; heat with damp skin.

*Worse* at night; also on rising, during and after sleep.

*Better* from moving.

**Petroleum.** Excited, irritable, with inclination to anger; yellow complexion; twitching in the limbs; great debility, with trembling; pulse full, and accelerated from every motion; flushes of heat.

*Worse* in the morning and evening.

*Better* from warmth. Right side.

**Phosphorus.** Great excitability, easily vexed and angry; pale, hypocratic countenance; the color of the face is very changeable; bloated face, puffiness under the eyes; eyes are sunken, with a blue ring around them; thirst; stiffness in the neck; oversensitiveness of all the senses; ebullitions and congestions; pulse generally accelerated.

*Worse* in the evening, and at night; also when alone, and from strong smells.

*Better* in the dark, from rubbing, and after sleeping.

**Phytolacca.** Great indifference; shooting pain from left eye to vertex; vertigo and dimness of vision; pale face; the pains are pressing, shooting, and sore.

**Platina.** Low-spirited, inclined to tears, great indifference; spasmodic twitching and trembling of the eyelids; redness and burning heat in the face, with violent thirst towards evening; sensation of coldness, tingling, and numbness in the face; pale, sunken countenance; thirstlessness; stiffness of the neck; weakness, tension, and numbness in the neck; pulse small, feeble, frequently it is tremulous; objects appear smaller than they really are.

*Worse* in the evening; also when at rest.

*Better* during motion.

**Pulsatilla.** Peevishness, which increases to tears, with chilliness and thirstlessness; vertigo, as if intoxicated, when rising from the seat, when stooping, or when lifting up the eyes; swelling and redness of the eyelids; alternate redness and paleness of the face; face bloated, purple; painful sensitiveness of the skin of the face; stitches in the small of the back; burning-stinging pains; pulsation through the whole body; fainting, with great paleness of the face; pulse weak and small, but accelerated.

*Worse* in the evening; also from warmth, and being in a warm room.

*Better* from cold, and in the open air. Right side.

**Rhus tox.** Restlessness which does not permit one to be quiet, and compels him to toss about in bed; swelling of the eyelids; aversion to light; face pale and sunken, with blue rings around the eyes, and pointed nose; stiffness in the articulations of the jaws; thirst; inflammatory swellings; pulse irregular, generally faster, but weak.

*Worse* in the morning, and at night: also when beginning to move, when at rest, and from cold.

*Better* from motion and warmth. Right side.

**Rhus rad.** Excessive debility; restless nights; pulse frequent and small; confusion of the head; redness and swelling of the eyelids, with itching and burning; burning in the face, with redness and itching; vesicles on the face; thirst at night; pain and rigidity in the posterior lumbar region; muscles of the neck pained by movement, and sensitive to pressure.

*Worse* when beginning to move.

*Better* when walking in the open air. When the Rhus tox fails to cure, although well indicated, I advise the use of this variety.

**Ruta grav.** Anxious and low-spirited; inclination to quarrel and contradict; great heat in the head, with much restlessness; spasms of the lower eyelids; violent thirst in the afternoon; pulse only accelerated during the fever; heat in the face, with red cheeks, and cold hands and feet.

*Worse* in the afternoon; also in cold weather, when sitting, during rest.

*Better* from motion. Left side.

**Sabadilla.** Anxious restlessness, startled by noise; burning heat and redness of the face; great debility, with relaxation or heaviness of the body; pulse small and spasmodic.

*Worse* in the forenoon, and at night; also from cold.

*Better* from warmth.

**Secale.** Great anxiety; distortion of the eyes; dark-redness of the face; spasmodic distortion of the mouth and lips; violent, unquenchable thirst; convulsive twitching in the limbs; pulse unchanged, even in the most violent attacks; violent, and long-continued dry heat, with great restlessness and violent thirst.

*Worse* at night; also from warmth, touch, and motion.

*Better* from cold, and rubbing. Right side.

**Sepia.** Sadness, with weeping; anxiety, with flushes of heat; neuralgic pains from abuse of tobacco; swelling of the upper lip; stiffness in the small of the back and neck; pulsations in the small of the back; inflammatory swelling; vibrations like dull tingling in the body; the pulse is full and quick, accelerated by motion and anger; pulsation in all the blood vessels.



*Worse* in the forenoon and evening; also from mental emotions, when at rest, and after eating.

*Better* from warm air, and violent exercise.

**Silicea.** Pale, earth-colored face; jaws spasmodically closed; spasmodic pain in the small of the back, which does not allow one to rise; twitching of the limbs day and night; pulse small, hard, and rapid; the circulation is easily excited; perspiration only on the head.

*Worse* in the night; also in the open air, from cold, and pressure

*Better* from warmth. Right side.

**Spigelia.** Difficulty of thinking, and disinclination to mental exertion; giddiness when looking downwards; vertigo with nausea; sensation as if the eyes were too large; pale, bloated, and distorted face; perspiration on the face; periodical face-ache; pains, burning, and tension, especially in the cheek-bones, above the eyebrows, in the eyeball, and in the left side; violent thirst; pulse irregular, generally strong, but slow; trembling pulse; cold perspiration.

*Worse* in the forenoon, and at night; also from noise, movement, touch, and stooping.

*Better* after lying down. Left side.

**Stannum.** Great anxiety and restlessness; vertigo; it seems as if all objects were too far off; burning-stitches in the eyelids; pale, sunken face, with deep-sunken eyes; pulse small and quick; anxious sensation of heat from the least movement; pains which increase gradually to the maximum, and then gradually decrease.

*Worse* in the evening; also after moving, and from talking.

*Better* from loosening the garments, and when lying on the back. Left side.

**Staphasagria.** Weakness of memory; countenance sunken, with sunken eyes, and peaked nose; blue margins around the eyes; violent upward stitches in the back; twitches at night; pulse very fast, but small and trembling.

*Worse.*—About the same all times of day, except

*Better* in evening. Right side.

**Stramonium.** Very changeable disposition; red, inflamed, swollen eyes; contortion of the eyes and eyelids; red, swollen, and turgid face; stupid, distorted countenance; anxiety and fear is expressed in the countenance; distortion of the mouth· vio



lent thirst, drinking large quantities ; body bent backwards, with distorted countenance ; pulse very irregular, generally small, hard, and quick ; hot, red face, with cold hands and feet.

*Worse* in the morning ; also after sleep, from touch, and when alone.

*Better* from bright light.

**Sulphur.** Peevish and irritable ; face pale ; circumscribed red spots on the face ; red blotches on face ; sunken eyes, with blue margins ; trembling and twitching of the lips ; cold perspiration on the face ; constant thirst ; stiffness in the neck ; drawing in the back ; pain in the small of the back, not permitting one to stand erect ; great debility and trembling, talking fatigues ; pulse full, hard, and quick, at times intermitting ; swollen veins ; cold nose, hands, and feet ; dry heat, with thirst ; flushes of heat ; perspiration easily excited, or want of perspiration.

*Worse* in the evening ; also on waking, or getting warm in bed, from bodily exertion, talking, when at rest, and from being touched.

*Better* from motion. Left side.

**Teucrium.** Great sensitiveness and excitability ; pale face ; frequent feeling of flushes of heat, without redness ; nervous excitability ; trembling sensation in the whole body.

*Worse* in the forenoon, and at night ; also on stooping, and to the touch. Right side.

**Thuja.** Over-excited ; becomes angry at trifles ; vertigo on closing the eyes, disappears on opening them ; heat and redness of the whole face, with fine nets of veins, looking as if marbled ; circumscribed burning redness of the cheeks ; greasy skin of the face ; swelling of the temporal arteries ; neuralgia, originating in the left cheekbone, near the ear, extending through the teeth to the nose, through the eyes into the temples, and into the head, the painful places burn like fire, and are very sensitive to the rays of the sun ; violent thirst ; beating and pulsating in the back ; jerking in the upper part of the body ; pulse in the morning slow and weak, in the evening accelerated and full ; in the evenings, violent pulsation ; swelling of the veins.

*Worse* in the morning, evening, and at night ; also from cold-wet and the heat of the bed.

*Better* from warm-wet, and on turning from the left to the right side.

**Valerian.** Very changeable disposition: redness and heat of the cheeks, especially in the open air; over-sensitiveness of all the senses; pulse irregular.

*Worse* in the forenoon, and towards evening; also while reposing, when standing, and in the sun.

*Better* in the light, and from motion.

**Veratrum.** Vertigo, with cold head; perspiration on the forehead; face pale, bluish, cold, disfigured like death; blue or green circles around the eyes; spasms of muscles when masticating; violent, unquenchable thirst, particularly for cold water; back and small of the back feel sore and bruised; sudden sinking of strength; shocks in the limbs, as from electricity; spasms, with convulsive motions of the limbs; tetanic stiffness of the body; pulse irregular, generally small and thread-like, and weak; slow pulse, often it cannot be felt at all; perspire easily from the least exertion.

*Worse* in the morning; also after sleep, and during perspiration.

*Better* after perspiration.

**Vipera Redi.** Opisthotonos; cold sweat; restlessness; frequent vertigo; protruded eyes; face swollen; oppression of chest.

**Zincum.** Very variable mood; paleness of the face; stiffness and tension of the neck; pulsations through the whole body; violent trembling, twitching of the body; pulse small and rapid in the evening, slower in the morning and during the day; pulse at times intermitting; violent pulsations in the veins; flushes of heat, with trembling, and short, hot breath; badly-smelling perspiration; perspire easily during the day, and on exercising.

*Worse* in the afternoon and evening; also after eating, and in the warm room.

*Better* in the open air.

## SUPPURATION.

## ABSCESSSES, SINUS, FISTULA.

## SUPPURATION.

SUPPURATION is the termination of inflammation by the formation of pus. This change is known by the chills, remission total or partial, of a hitherto sharp and acute pain, followed by a dull one, with throbbing or pulsation; there is also a sense of weight in the part, and finally, fluctuation; that is, if pressure be made lightly with the finger on one side of the tumor, and a finger be placed at the opposite, if there be fluid contents, a sense of fluctuation will be felt; similar to what a mass of fluid would be supposed to make. So many tumors with fluid contents present themselves, that it is of the utmost importance that a correct diagnosis should be made. This test by fluctuation reveals fluid only; now it may be blood, water, or some other secretion. The best test is, the use of an exploring needle. Of late we have a delicate trocar and canula, for this purpose, made small enough to carry in the pocket case, and it is an instrument that will prove very useful in many other cases.

If pus *is* present, what shall we do?

1st. In nearly every variety of suppuration, there is but little probability of the pus being absorbed. The cold or *chronic* abscess is the only one that I believe to be an exception. Pus cannot be absorbed without doing the patient more or less injury.

2nd. "Nature finds an outlet for it."—Granted. Suppose we have an abscess in a prominent part, on the face, particularly if the patient be a lady; scarring of the worst kind is almost inevitable if it be allowed to discharge itself spontaneously. If a person applies to us with a whitlow on the finger, we give remedies to *hasten* this suppurative process, if it has commenced. It opens itself and the bone necroses and exfoliates. What have we achieved by not at once opening it, and thereby preventing all

that mischief? This is an every-day occurrence, and not "far-fetched." If it is the infliction of pain that is dreaded, how much more pain does the patient suffer when going about for days in that condition? Suppose medicine *does* remove a felon in a week, what is gained? an early opening *before pus has formed*, will cause but a moment's pain, and cures it in twenty-four hours. If pus *has* formed, we save the bone.

3rd. The imprisoned matter, if unable to make a ready exit, will burrow in all directions, dissecting and destroying all the parts, until some point is reached where the tissues are not so dense. Psoas abscesses have been known to point under the tendo Achilles. How much better, as the pus has *got* to come out, to have let it out as soon as it showed itself in the groin.

4th. The danger apprehended by many of inflammation of the sac from the admission of air, is not without foundation; but there is no reason why this admission should take place. Open it under water, by a valvular incision, and then if inflammation follows, *Calend.* or *Acon.* will make all right. Pus is just as much a foreign material as is a splinter in the finger, and no man gives medicine to remove *that*. Nature is a bad physician! some there are who tell us that in following her leading we do right. Hahnemann says we do *wrong*. In the "Organon" page 42, he says—"The ordinary school of medicine regarded the means which the organism employs to relieve itself, in those patients who make no use of medicine, as perfect models for imitation; but they were greatly mistaken. The miserable and very imperfect attempts which the vital powers make to assist themselves in acute diseases, is a spectacle that ought to excite man to use all the resources of his wisdom and learning to put an end, by a *real cure*, to this torment which nature herself inflicts." Perhaps I have said too much already on this subject, but as it is one that has excited almost as much controversy as high and low dilutions, it is one of much interest to us all.

The majority consider pus an alteration due to some existing disease of normal secretions. ERICHSEN holds to this belief, and says of it, "pus-cells have been shown by recent observers to be modified or degenerated exudation corpuscles, and the fluid in which they float, to be of a serous character." PAGET practically demonstrates the same theory. According to CONHEIM, they are white blood-cells. Pus forming on a free surface is called a *puru-*

*lent secretion*, and when in deeper structures, an *abscess*. In whatever situation it occurs, it presents pretty much the same general characters. Pure pus we call *laudable* or *healthy*; when mixed with blood, *grumous*; when acrid or corroding, or thin and watery, the word used as designating the appearance, is applied to them as a name. These last varieties are commonly mixed with the *debris* of bone, muscular tissue, etc.

#### ABSCESS.

ABSCESS is a term applied to a collection of pus in any cavity of the body, or in the substance of a part. A part becomes inflamed and tender, subsequently indurated, and with a feeling of weight. A chill, more or less severe, according to the extent of the injury, follows, with a remission of pain, followed by a beating and throbbing, which is also followed by softening of the tumor, without any diminution in bulk, and as the disease progresses palpation or the trocar will reveal the character of the fluid, whether pus or not. From the great distension of the skin, and consequent pressure exerted upon it, that part which is the weakest, will eventually give way, and an outlet being thus formed, the exertion of proper care will readily conduct it to a successful termination. One point on the body of the swelling will be noticed to be a little elevated above the surrounding skin, and gradually losing its red color, will take on a yellowish-white one. This we call "pointing," and it indicates the position of the opening. These symptoms constitute what we call the *acute abscess*, which is a type of all the others. On examining carefully the cavity, emptied of its contents, we find a limiting membrane lining it throughout, formed of lymph, which is called the *pyogenic* membrane; this DELPECH thought to be the secreting membrane of pus, and many, I fear, still hold to that belief. The extension of an abscess beyond these original limits, I suppose, is owing to an imperfect formation of this membrane, or the extension of the primary inflammation beyond it.

*Chronic abscess* differs from the others, as it is more insidious during its formative existence; slower in its course, little or no pain, and no discoloration of the integuments. They are very apt to remain stationary for years, and sometimes never discharge, but gradually become reabsorbed. A close observance of the patient



will, however, show that the health is gradually giving way, and death will in most cases follow unless relief be speedily afforded. This variety is the one above all others we are told not to open. Now can any sane man believe or teach that the patient derives any actual *benefit* from this disease? What danger do we run in opening it, that our remedies cannot probably arrest? I say *open them*. The pus is usually laudable, though I have seen cases in which it was flaky and curdled. Absorption of *such* pus must be followed by injurious results.

*Cold abscess* is also known as *lymphatic*, though I do not recognize any distinction between them and the chronic. It occurs with but few if any premonitory symptoms, and usually unaccompanied by pain at any time. Cachectic individuals, scrofulous principally, are particularly prone to it, and the first intimation they have of it, is a large, fluctuating tumor appearing suddenly in the groin, axilla, or iliac fossa. The contained fluid is thin, purulent, offensive matter. Again, I say, open early.

*Diffused abscesses* are such as occur in the cellular tissue, after erysipelas or inflammation, and extend rapidly in all directions, forming sinuses, and burrowing to a great extent. I doubt whether the pyogenic membrane be fully formed in these cases, indeed if it is formed at all. Probably the transformation of the lymph is so rapid that but little time is given it for even the imperfect organization requisite.

The *tympanitic* or *emphysematous* abscesses, are those sometimes found in the mucous passages, more frequently in the abdomen, and take their name from the fact of their being partly *filled with gas*, and partly with pus.

### SINUS AND FISTULA.

As the results of suppuration, we have the formation of sinus and fistula.

*Sinus* is a term used synonymously with fistula by many, but I consider it faulty. By sinus I understand a track leading from an abscess, burrowing in different directions, and not communicating with the air; as in erysipelas, which has produced suppuration, we find long tracks leading off for some distance. These sinuses may result in fistula, when from some reason they do not heal,



and eventually open through the skin, or into some organ or cavity.

*Fistula* is a canal leading from the skin into the abscess. From some cause, the abscess after opening, either by the knife or spontaneously, sometimes refuses to close up; this cause may be the presence of a foreign body, as a piece of bone, or bullet, or the constant passage of irritating discharges, saliva flowing through a wound in the cheek will produce salivary fistula. Whatever the cause may be, a canal is formed, permanently open, which eventually has the sides converted into fibrous material, and is a source of constant annoyance.

**Treatment.**—In treating these diseases, one point must be borne in mind. When the character of the pus is bad, the remedy is to be given to change the character of this pus to a healthy one, and *then* it will heal naturally. Do not change the remedy if the quantity of pus is increased, if the color and consistency is becoming correspondingly better. But if the pus is unhealthy, and the remedies seem to produce a total suppression, without first making it laudable, there is danger! Excite its reappearance by using poultices and *Hep. s.* in a *very* low attenuation. In treating *sinus* and *fistula*, in addition to the proper remedy, use constant pressure by judicious bandaging, or some of the modern appliances much in use. It may become necessary to operate. If the character and position of the fistula will admit of it, pass a probe-pointed bistoury through it, and rapidly divide it, with all the muscles and structure in its neighborhood, taking care to avoid the arteries. At other times it is well, if the canal is short, and division will endanger vessels, to dissect out the fibrous lining entirely.

The remedies in common use are:

ABSCCESS: *Arn.*, *Ars.*, *Baryta*, *Bell.*, *Bry.*, *Calc. c.*, *Calend.*, *Carbo v.*, *Cham.*, *Chin.*, *Con.*, *Dulc.*, *Graph.*, *Hep.*, *Lyc.*, *Merc.*, *Phos.*, *Puls.*, *Rhus*, *Sil.*, *Spong.*, *Sulph.*

FISTULA: See Anal and Vaginal Fistula.

**Arnica montana.** General sinking of strength; pricking pains; dull stitches in the part; dull, heavy pain in the part; hot, hard, and shining swelling.

*Worse* in the morning, evening, and at night; also on raising the part affected, on moving, from being touched, and during walking.

*Better* from lying down, rubbing, and from warmth. Left side.

**Arsenicum alb.** Burning in the affected part; the skin covering the induration is of a shining red color, or red with a tinge of blue; muscular prostration, trembling, and sleepless restlessness. *Pus* copious, bloody, corroding or ichorous, watery, and of a putrid smell.

*Worse* in the evening, and at night; also from cold, and when lying down.

*Better* on getting warm in bed, and from warmth in general. Either side.

**Baryta carb.** Induration followed by suppuration of the glands, particularly the sub-maxillary, and the parotid; stitches in the part; tingling and burning of the skin; constant inclination to lie, or sit down; great weariness. *Pus* scanty.

*Worse* at night; also from cold, particularly cold air, raising the part affected, from pressure, and while sitting.

*Better* from warmth. Left side.

**Belladonna.** Great sensitiveness to cold air; burning, stinging and tingling in the part; scarlet redness, and hot swelling; painful glandular swelling; induration, followed by suppuration of the tonsils. *Pus* scanty.

*Worse* in the afternoon, evening, and at night; also from cold in general, on getting heated, on raising the part, from moving, and from wet poultices; also from being touched, and when walking.

*Better* when lying down, or standing. Right side.

**Bryonia alba.** Tense, hot, pale, or red swelling; swelling and induration of the glands; hard knots in various places, resembling indurated cutaneous glands; hot, inflammatory swelling of the hands and feet. *Pus* putrid, and brownish, and yellow.

*Worse* in the evening, and at night; also from the cold air, on moving the part, on being touched, from walking, and on getting warm in the open air.

*Better* from cold, when lying down, and on getting warm in bed. Right side.

**Calcarea carb.** The skin is painful to the touch; in the evening when in bed there is a violent itching of the affected part; hot skin, with an itching, vesicular eruption; great heat and thirst, with but little appetite. *Pus* may be either copious or scanty, of a putrid smell, and yellowish in color, or white and thin like milk.

*Worse* in the morning, and at night; also from cold air, and from using poultices.

*Better* on rising up and moving about, after sitting or lying some time. Right side.

**Calendula off.** When induration occurs after surgical operations, followed by suppuration, the wound becomes raw and inflamed, is painful in the morning, as if beaten, with stinging, followed by throbbing, as if it would suppurate.

**Carbo veg.** Burning of the skin, with indurated, glandular swellings; lymphatic swellings and abscess, with burning pain; swelling, with a beating, throbbing pain; aching in the lower part of the back; throbbing pains in the hands, with swelling and inflammation. *Pus* bloody, ichorous, or corroding, and of a yellowish color.

*Worse* in the morning, and in the forenoon; also when in the open air, on getting heated, from poultices, pressure, and from warmth.

*Better* in the afternoon, and evening. Either side.

**Chamomilla vulg.** Pain in the periosteum of the part, with a paralytic weakness; hardness, and blue-redness of the skin; swelling and induration of the parotid and sub-maxillary glands. *Pus* is corroding.

*Worse* in the evening, and at night; also in the open air, on lying down, when moving the part, from poultices, on being touched, and on getting warm in bed.

*Better* from cold. Left side.

**China off.** Heaviness and emaciation; yellowish color of the skin; hard, red swellings; stinging, pulling, and burning, or titillation in the skin; painfulness, and excessive sensitiveness of the skin; swelling of the glands of the throat, with pain during deglutition; suppuration and painful swelling of the joints, particularly of the knee. *Pus* ichoreus and putrid.

*Worse* at night; also in the open air, and on moving the part.

*Better*, sometimes, from moving the part. Left side.

**Conium mac.** Swelling and induration of the glands; blue, or bluish-black color of the skin; burning stitches; painful burning. *Pus* putrid and viscid.

*Worse* in the morning, and at night; also in the open air, from cold, and when standing.

*Better* when moving the affected parts, from pressure, and when walking. Right side.

**Dulcamara.** The parts feel heavy; bruised feeling; dryness, heat, and burning of the skin, cold tumors; inflammation, and induration of the inguinal glands; tensive, drawing pain. *Pus* scanty and yellow.

*Worse* in the evening, and at night; also from cold, and when lying down.

*Better* from warmth. Left side.

**Graphites.** Red, hard swelling; sensitive when touched; scrofulous swelling; tremor and slight twitchings in particular muscles; strumous indurations. *Pus* corroding, watery, scanty, and very putrid; smells like herring-brine.

*Worse* in the fore part of the night; also on moving, while walking, and on getting warm in bed.

*Better* from pressure, and from warmth in general. Either side.

**Hepar sulph.** Drawing pains in the limbs and joints; lacerating and pricking pains in the tumors; throbbing and beating in the abscess; tremor, and slight twitching in particular muscles; the skin over the abscess is highly inflamed, hard, hot, and swelling; suppurations and tumors, brought on by the excessive use of mercury; sleepiness, dull, and drowsy. *Pus* scanty, bloody, corroding, and smelling like old cheese.

*Worse* in the evening, and at night; also from cold, on moving, from pressure, on being touched, and on walking.

*Better* from warmth, and on getting warm in bed. Either side.

**Lycopodium.** Induration of the glands, with cramping and cutting; inflammation, with a pressing pain, terminating in suppuration; tearing, tensive, jerking pains; burning, red, or yellow skin. *Pus* bloody, corroding, and putrid, or of a whitish, milky appearance.

*Worse* in the evening, and at night; also from the cold air, on lying down, from wet poultice, from pressure, on being touched, and on getting warm in bed.

*Better* from cold, when moving the affected part, when walking, and from warmth in general. Right side.

**Mercurius sol.** Burning, redness of the skin; pricking and tickling of the skin; indurated, inflamed, swollen, and painful glands; pressing from within, outwards; pulsation, swelling of the glands; hard, hot, and inflammatory glandular swellings. *Pus* copious, bloody, corroding, thin and watery, or all these characters, but scanty.

*Worse* in the evening, and at night; also in the cold air, from poultices, while walking, and on getting warm in the open air.

*Better* on falling asleep, from rubbing, and while sitting. Either side.

**Phosphorus.** Lymphatic abscesses, full of fistulæ; callous feeling; hectic fever. *Pus* copious and yellow.

*Worse* in the morning, evening, and at night; also on moving.

*Better* in the open air, while standing, and from warmth. Right side.

**Pulsatilla.** Erysipelatous swelling, hard, burning heat, and stinging when moving or touching the part; blue-red swelling, with heat, burning, or throbbing; painful inflammatory induration of the glands, with jerking and itching; bluish, hard, and hot swelling, with a pricking, or sensation of tension in the parts. *Pus* bloody and copious, greenish or yellow.

*Worse* in the evening, and at night; also on moving the part, from rubbing, while standing, and on being touched.

*Better* in the open air, from cold, moving the part, wetting the part, and from the use of poultices. Right side.

**Rhus tox.** Smooth, red and shining swellings; the inflamed skin is puffy like a bladder, or is covered with little painful white vesicles; indurated glandular swellings; swelling and suppuration of the eyelids; feeling of contusion in the glands. *Pus* copious, corroding and watery.

*Worse* in the evening, and at night; also from cold, on lying down, from poultices, when standing, and on being touched.

*Better* when moving, from pressure and from warmth. Right side.

**Silicea.** Scrofulous engorgement and induration of the glands, particularly those of the neck, with or without inflammation; pains are either burning, cutting, itching, prickling, or pulsative; hot, inflammatory swelling of the glands, either painful or painless. *Pus* is copious or scanty, and may be bloody, brownish, corroding, gelatinous, greenish or gray, putrid, thin and watery, or yellow.

*Worse* in the forenoon, afternoon, evening, and at night; also from cold, in the open air, on lifting the part, from pressure, on rubbing, and on being touched. Right side.

**Spongia tosta.** Scrofulous engorgement and induration of the glands of the neck; sensation as if air passed through them; a sensation as if something living were in the glands, or a gnawing



and itching; painful pressing from within out; also a sensation of swelling, tension, and titillation; dryness of the skin; with heat? *Pus* scanty.

*Worse* in the night; also when ascending an eminence, and in a warm room.

*Better* when descending an eminence. Either side.

**Sulphur.** Inflammation of the glands; painful pressing, pulsating, red, hot, and hard swellings; flashes of heat; biting and burning in the skin; external coldness, perceptible to the hand; crawling, pricking, itching and gnawing; aching as if sore. *Pus* is thin and blackish, and of a sour or putrid smell.

*Worse* in the evening, and at night; also from poultices, while standing, being touched, and on getting warm in bed.

*Better* from cold, and when rubbing. Left side.

The *operations* that may be necessary in the treatment of these diseases are very simple.

*Sinuses* are to be opened their whole length. Insert a grooved director, and with a probe-pointed knife, slit them up.

*Fistula* may be opened in the same manner, but there is a better proceeding,—care must be taken, as is said in a previous paragraph, to avoid all arteries of a size sufficient to require ligation. A probe is necessary to determine the extent and character of the passage. To avoid inflicting unnecessary pain, an instrument has been devised, by which the exploration, and if necessary, the incision can be made with one introduction of the instrument. It is a probe, somewhat longer than common, one end of which is a knife, narrow at its junction with the probe, and rapidly widening to the extent of four or five inches, when it is over three inches broad. When the probe is introduced, if it be found practicable to divide the fistula, in place of withdrawing it, and then subjecting the patient to a fresh torture in introducing the director, draw the probe entirely through, by this means dividing the tissues with one operation



## ULCERS.

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AMONG Homœopathists (?) there are many who entertain the conviction that in common with the *old* -school, *dominant* no longer, the only rational mode of treating ulcers, is by topical applications; and that the totality of symptoms in such cases, is of but little importance. This great error may be in part accounted for, from the fact that our surgical literature is very deficient in *all* points, but more especially in this *one* particular. An ulcer is but a local manifestation of a generally diseased organism: and to cure it radically, as well as scientifically, we are obliged to address our remedies to the *general* constitutional, as well as the *local* condition of the person under treatment. That this is the treatment to be pursued, my experience teaches me. Having made these cases a special study, I have treated and seen great numbers, and with the exception of some few cases in the earlier part of my practice, have treated them all on the strict Hahnemannian principles.

An ulcer may be defined to be, a solution of continuity of the substance of the skin, and may be either idiopathic, traumatic or specific.

Idiopathic ulcers are those that appear without any apparent cause, and are uncomplicated with any other disease. Those called traumatic, are such as are produced by some injury, but nevertheless owe their continuance to some abnormal condition of the system. Specific sores are those that are peculiar to such disease as syphilis, or struma. ERICHSEN considers their existence, or rather their continuance, to be due to a faulty condition of the absorbents. Thus one of these conditions are concerned:

- 1st. Where deposition is normal, but absorption too active.
- 2nd. Where absorption is normal and deposition deficient.
- 3rd. Or, a simple detachment, or elimination of spoiled dead matter.

Ulceration is always preceded by more or less inflammation, the intensity, character and duration of which must all be taken

into consideration in determining which of these conditions exist. PAGET thinks that when the inflamed part is denuded of its epithelium *only*, it is a simple abrasion; and ulceration consists in a removal of proper or vascular tissue; thus thinking, the process of ulceration is an ejection, and not depending on faulty absorption. ERICHSEN's proposition that they are producible *either* by absorption or elimination, strikes me as being the best.

Apart from the three grand divisions of these most important lesions we have several sub-divisions; all of which will claim a few words of passing notice. With the specific ulcers, syphilitic, cancerous, and scorbutic, we have nothing to do now; each receives proper attention in its appropriate place. Of the different varieties then, we have the simple, weak, indolent, inflamed, sloughing, varicose, irritable and hemorrhagic ulcers.

*Simple ulcer* is a type of the whole class; and is nothing more than an open sore, oval or circular in form, shallow, covered with healthy granulations and discharging true or laudable pus. This form has a constant tendency to heal, and needs but little treatment.

*Weak Ulcer*: This is a sore of the former variety badly treated. The granulations become flabby, the pus changes to a thin, watery fluid, or is suppressed entirely; the edges are pale and not uncommonly elevated. The granulations sometimes attain an immense size, and look like jelly. This form, although usually the result of neglect on the part of the patient, or ignorance and bad treatment on that of the surgeon, commonly proceeds from the simple variety; yet sometimes they take on this character from the beginning.

*Inflamed Ulcer*: This is also the result of too-long continued or badly selected use of topical stimulating treatment, and may occur in the treatment of either of the other varieties. The edges and surrounding skin in these cases are much inflamed and tender; pus is thick and very offensive, often streaked with blood; and though the granulations are large, they are firmer than in the last form. It is not, however, uncommon for the granulations to be entirely or nearly destroyed.

*Indolent Ulcer*: These are the most obstinate affairs that can well be imagined, and will try the patience of the surgeon more than almost any other disease. These sores are chronic, and may be caused by bad treatment or neglect of any of the former

varieties, or appear in its proper character from the first. In these the skin is much indurated, and appears to be firmly adherent to the bone; the surrounding integument is much discolored, and is often found to be scaling off, or coming away in the shape of little scabs, which are being constantly reproduced. They are not at all painful, indeed they are often without sensation of any kind. The edges are elevated and callous, the outline ragged and irregular, and the base or floor flat; they are dry, and exude a bad-smelling, unhealthy sanies; the granulations are few, irregular in size and shape, and widely separated. These ulcers are commonly known as "old men's sores," and are chiefly found on the leg, midway between the ankle and the knee.

*Sloughing Ulcer*: This is an aggravated form of the inflamed ulcer, and usually caused by bad treatment, though it often results from no treatment at all. In a previously inflamed ulcer, the edges become sharp-cup and discolored; the pus changes to a thinner fluid, ichorous and putrid; the base becomes grayish and painful; the inflammation rapidly extends, and is accompanied by considerable fever; the edges break down, and the ulcerative action extends rapidly. These ulcers require close watching.

*Irritable Ulcer*: This is a small ulcer, confined mostly to women, and among them to those of a nervous or bilious temperament, and about the middle period of life. They are small; edges are irregular but flat, not elevated; the surface covered with a tough, gray slough, and the discharge thin and acrid. They are very painful and exceedingly sensitive to the touch. I have seen just such sores produced by the excessive use of *Mercury*.

*Varicose Ulcer*: This variety by the old school is considered incurable, or next to it; by us they are not so considered, but on the contrary have proved to be very amenable to treatment. They are more readily known by the history of the case than by their appearance. The appearances are those of any of the other forms, and they may be inflamed, indolent, irritable, or sloughing, according to the peculiar circumstances of the case.

*Hemorrhagic Ulcer*: This is a small ulcer of a purplish color, "and," says ERICHSEN, "usually occurs in women suffering from amenorrhœa;" and, as its name indicates, usually oozes blood at the catamenial periods. It is very similar to the irritable ulcer, and can only be established as hemorrhagic by the elicitation of the above facts.

These are the most common varieties of ulcers, as noticed by authors, but the practical value of this nomenclature is not much. Homœopathists, young in surgery, think old-school books our standard in surgical practice; and really from the want of homœopathic literature on the subject, we have no where else to turn. This fact must be borne in mind, that because we *have* no such book, is the best reason in the world why we should throw over allopathy, and *make* them. Let not the fear of the charge of presumption deter us from recording our successes, with *remedies*, in the treatment of those diseases hitherto untouched by our writers; pile up the cases until we have a complete system of our own.

The causes which may produce ulceration are manifold, and yet I consider them only as *exciting* forces. Continued pressure, impoverished vitality, direct injury, the application of specific poison, all may aid in producing a simple ulcer. When the general system is perfectly healthy, this sore heals at once spontaneously; when there is some disease one of the other varieties results. Many people have small sores on their body, that they are taught to believe are safety-vents, and when these become closed they feel ill. Always close such sores at once; and if they heal readily under your treatment the presumption is the cure is radical. Closing ulcers by the topical use of astringents is like curing vomiting by sewing up the mouth; or cutting out the spots in small-pox. An ulcer can never be called cured which has been closed by such measures. Therefore, an ulcer can never be healed until we remove the morbid cause, which is only to be reached by rational internal medication. Throw away all salves, lotions and ointments; they do more harm than good by retarding, yes, in many cases, preventing a cure. These remarks apply to all the forms of ulceration, with a modified application to the varicose variety. These are directly caused by a rupture of a varicose vein; indirectly they are kept open, by the disease producing varix.

The treatment, according to strict homœopathic principles, presupposes a thorough knowledge of the law of similars, and demands on the part of the surgeon great care and judgment in selecting the proper remedy. Although topical applications are forbidden, strapping, and as much quiet as can be obtained, will aid very materially in perfecting a cure. I have succeeded

frequently in curing these lesions with the patient going about his or her accustomed occupation. Nevertheless, when practicable, enjoin upon them perfect quiet, and an elevated position of the member. The leg will be found more commonly the seat of these sores.

The remedy, when selected, should be given *alone*, without any alternation and at long intervals. My custom is to use the higher potencies, to give but *one* dose; not to be repeated until improvement ceases. When the ulcer commences healing from the *centre*, the healing process will not be continued to completion; before this reaches the circumference it will break down again. Closing should begin from the edges. The first indications of a proper natural process in healing will be a flattening of the edges; cessation or diminution of pain; change of the discharge to a laudable pus, detachment of the slough; firm granulations, and not unfrequently an itching and biting of the skin. Supposing, then, the sore to be on the leg: bandage the limb tolerably firmly, leaving the ulcer exposed; keep the foot elevated on a chair, and free of pressure or irritation of any kind. If this is not possible, and the patient is absolutely compelled to move about to attend to his business, use in place of a bandage strips of adhesive plaster from one to two inches wide, and apply them obliquely, slightly overlapping each other, to the middle of the foot below, and as far as the knee above the ulcer, leaving the sore itself exposed. Avoid stimulating diet and keep the parts clean.

**Treatment.**—The list of remedies I shall give is a large one, but it really does not embrace *all* that may be indicated; more would probably be confusing, and so they have been cut out. Some few of those retained have not acted as well in my hands as was expected, and I have taken the liberty of adding an interrogation mark to the name. The remedies are these:

*Acid mur.*, *Acid nit.*, *Acid sulph.*, *Ambra gris.*, *Amm. c.*, *Ammo. m.*, *Ant. c.*, *Argent. nit.*, *Arnica mon.*, *Ars. alb.*, *Aur. met.*, *Baryta c.*, *Bell.*, *Bovista*, *Bry.*, *Calc. carb.*, *Calc. phos.*, *Canth.*, *Carbo an.*, *Carbo v.*, *Caust.*, *Cham.*, *Chelid.*, *China*, *Clematis*, *Con. mac.*, *Cupr. acet.*, *Dulc.*, *Euphras.*, *Eupator.*, *Graph.*, *Hep. s.*, *Kali c.*, *Kreos.*, *Lach.*, *Lyc.*, *Merc.*, *Mezer.*, *Natr. c.*, *Natr. mur.*, *Nux v.*, *Petrol.*, *Phos.*, *Phos. ac.*, *Pulsat.*, *Ranunc.*, *Rhus rad.*, *Rhus tox.*, *Ruta grav.*, *Sabin.*, *Secale*, *Sepia*, *Silicea*, *Staph.*, *Sulph.*, *Tartar emet.*, *Thuja*, *Verat.*, *Zinc.* To this list, large as it is, I would add: *Kali bich.*, *Hama. virg.*, *Hydrastis can.*, and *Apis mel.*



**SIMPLE ULCERS:** *Ambra g.*, *Amm. m.*, *Arn.*, *Ars.*, *Bovista*, *Bry.*, *Calc. c.*, *Calend.*, *Carbo v.*, *Caust.*, *Chin.*, *Clem.*, *Con.*, *Cuprum*, *Dulc.*, *Hep. s.*, *Kreos.*, *Merc.*, *Mezer.*, *Natr. c.*, *Nux v.*, *Puls.*, *Ranunc.*, *Rhus tox.*, *Rhus rad.*, *Ruta g.*, *Staph.*, *Verat.*

**WEAK ULCERS:** *Ant. c.*, *Ars.*, *Baryta*, *Calend.*, *Carbo v.*, *Caust.*, *Cham.*, *Chin.*, *Con.*, *Cuprum*, *Graph.*, *Merc.*, *Mezer.*, *Nux v.*, *Petrol.*, *Puls.*, *Sep.*, *Sil.*, *Sulph.*, *Thuja*, *Zinc.*

**INDOLENT ULCERS:** *Acid mur.*, *Acid phos.*, *Amb. gris.*, *Ant. c.*, *Arn.*, *Ars.*, *Baryta*, *Bell.*, *Bry.*, *Calc. c.*, *Calend.*, *Carbo v.*, *Caust.*, *Cham.*, *Chelid.*, *China*, *Clem.*, *Cuprum*, *Dulc.*, *Euphorb.*, *Graph.*, *Iod.*, *Kali*, *Lach.*, *Lyc.*, *Merc.*, *Mezer.*, *Nux v.*, *Petrol.*, *Phos.*, *Puls.*, *Rhus rad.*, *Rhus tox.*, *Sabin.*, *Secale*, *Sep.*, *Sil.*, *Sulph.*, *Thuja*, *Verat.*, *Zinc.*

**IRRITABLE ULCERS:** *Acid mur.*, *Ac. nit.*, *Ac. sulph.*, *Arn.*, *Ars.*, *Baryta*, *Bell.*, *Calend.*, *Canth.*, *Carbo v.*, *Caust.*, *Cham.*, *Chin.*, *Con.*, *Cuprum*, *Dros.*, *Euphorb.*, *Graph.*, *Hep.*, *Hyos.*, *Iod.*, *Lyc.*, *Kali c.*, *Merc.*, *Nux v.*, *Petrol.*, *Rhus rad.*, *Rhus tox.*, *Sepia*, *Sil.*, *Sulph.*

**INFLAMED ULCERS:** *Acid mur.*, *Ac. nit.*, *Amm. c.*, *Apis*, *Arg. nit.*, *Arn.*, *Ars.*, *Aur.*, *Bell.*, *Bovista*, *Calend.*, *Canth.*, *Carbo v.*, *Caust.*, *Clem.*, *Hep. s.*, *Hyos.*, *Kali c.*, *Kreos.*, *Lyc.*, *Merc. s.*, *Natr. c.*, *Natr. m.*, *Phos.*, *Ruta*, *Sep.*, *Sil.*, *Staph.*, *Thuja.*

**SLOUGHING ULCERS:** *Acid nit.*, *Ac. sulph.*, *Arg. nit.*, *Ars.*, *Aur.*, *Bry.*, *Calc. c.*, *Calend.*, *Canth.*, *Carbo v.*, *Caust.*, *Cham.*, *Chelid.*, *Chin.*, *Con.*, *Euphorb.*, *Hep. Lach.*, *Merc. s.*, *Ranunc.*, *Rhus tox.*, *Secale*, *Sil.*, *Tart. em.*

**VARICOSE ULCERS:** *Hama. virg.*, *Amm. mur.*, *Arn.*, *Ars.*, *Calend.*, *Carbo v.*, *Chin.*, *Merc.*, *Sulph.*, *Tart. em.*, *Verat.*

**HÆMORRHAGIC ULCER:** *Acid phos.*, *Amm. c.*, *Ars.*, *Bovista*, *Calc. c.*, *Calend.*, *Carbo v.*, *Caust.*, *Cham.*, *Graph.*, *Kali c.*, *Kreos.*, *Lyc.*, *Merc.*, *Natr. m.*, *Nux v.*, *Puls.*, *Sulph.*, *Sep.?*

**PUS:** Black.—*Sulph.*, *Chin.*

—— Bloody.—*Ars.*, *Hep.*, *Merc.*, *Carbo v.*, *Caust.*, *Lyc.*, *Nit. ac.*, *Puls.*, *Sil.*

**PUS:** Brownish.—*Bry.*, *Sil.*, *Ars.*, *Carbo v.*

—— Grayish.—*Caust.*, *Sil.*

—— Greenish.—*Caust.*, *Puls.*, *Sil.*, *Aur.*, *Clem.*, *Merc.*, *Nux v.*, *Rhus*, *Sep.*

—— Whitish.—*Calc. c.*, *Lyc.*, *Amm. c.*, *Ars.*, *Sep.*, *Sil.*, *Sulph.*

—— Yellow.—*Puls.*, *Calc. c.*, *Carbo v.*, *Caust.*, *Clem.*, *Merc.*, *Phos.*, *Sep.*, *Sil.*, *Staph.*



- Pus:** Copious.—*Puls., Sep., Ars., Calc., Merc., Phos., Rhus, Sil.*  
 ——— Scanty.—*Calc. c., Lach., Merc., Sil., Bell., Cupr., Dulc., Hep., Sep., Verat.*  
 ——— Corroding.—*Ars., Caust., Merc., Rhus, Sil., Carbo v., Hep., Lyc., Nit. ac., Ranunc. bul.*  
 ——— Ichorous.—*Ars., Carbo v., Merc., Nit. ac., Rhus, Sil., Caust., Chin., Staph.*  
 ——— Cheesey.—*Merc.*  
 ——— Gelatinous.—*Sil., Arg., Merc., Sep.*  
 ——— Thin.—*Caust., Merc., Sil., Sulph.*  
 ——— Viscid.—*Merc., Bovista, Con.*  
 ——— Watery.—*Caust., Merc., Ars., Ranunc., Rhus, Sil.*  
 ——— Putrid.—*Hep., Phos. ac., Sulph., Ars., Calc., Chin., Graph., Lyc., Merc., Sep., Sil.*  
 ——— Sour smell.—*Hep., Merc., Sulph.*  
 ——— Smelling like herring brine.—*Graph.*  
 ——— Smelling like old cheese.—*Hep., Sulph.*  
 ——— Like tallow.—*Merc.*

**ULCERS FROM ABUSE OF *Mercurius*:** *Aur., Bell., Carbo v., Hep. s., Lach., Lyc., Nit. ac., Phos. ac., Sep., Sil., Sulph., Thuja.*

**Acid mur.** Stinging, itching, and painful ulcers; foetid odor in the ulcer, although it is covered with a scurf; when touched there is a stinging pain; putrid ulcers, with a burning pain or heat in the edges; jerking pains. *Pus*, foetid and scanty.

*Worse* in the afternoon, and during the forepart of the night; also from cold, on lying down, on trying to lift any heavy weight, and in windy weather.

*Better* from pressure, and on scratching. Left side chiefly.

**Acid nit.** Drawing pain in the ulcers, which are very sensitive, and have an offensive odor; burning pain and heat in the edges; shooting and pricking pains; superficial ulcers; ulcers produced by *Mercury*. *Pus*, foetid.

*Worse* in the morning, evening, and at night; also from bathing in cold water, on awakening from sleep, when lying on the affected side, and from being touched.

*Better* in dry weather. Left side. (Since writing the notes from which this is copied, the following additional symptoms have been found, and proven reliable in one or two cases: Readily-bleeding deep ulcers; fistulous ulcers difficult to heal; pricking in the ulcers. *Pus*, copious, bloody, corroding, or ichorous.)

**Acid phos.** Inveterate ulcers; itching; indented base; burning pain; ulcers without much feeling; painless ulcers; putrid, sensitive ulcers, with some pain. *Pus*, foetid and dirty-colored.

*Worse* after midnight, and in the morning; also when lying on the painful side, before menstruation, from being touched, and on getting warm in bed.

*Better* on changing the position, and moving about. Either side.

**Acid sulph?** Gangrenous ulcer; corrosive sensation in the ulcer; biting and cutting in the ulcer. *Pus* is corrosive.

*Worse* in the forenoon, and in the evening; also on getting up after lying down. Right side generally.

**Ambra grisea?** Burning or itching in the ulcer; painless; chronic ulcers worse every spring; stinging in the ulcer. *Pus*, grayish, or salty ichor.

*Worse* in the evening; also on lying down, or when awaking, and getting up after sleep.

*Better* on getting up and moving about after sitting some time. Either side.

**Ammonia carb.** Putrid ulcers; flat ulcers, with a pungent sensation. *Pus*, white and putrid.

*Worse* in the evening; also on awakening from sleep, from cold, when lying on the painful side, after lying down, before the catamenia, and from wet poultices.

*Better* from keeping the limb elevated, and outward pressure. Either side.

**Ammonia mur?** Ulcers with, for the first few days, an itching in and around them, followed by a burning.

*Worse* in the morning and evening. Either side.

**Antimonium crud.** Fistulous, deep or flat ulcers; pain as if they were burnt; spongy ulcers with an itching or pricking; ulcers with high exuberant granulations; spongy ulcers with a sore pain in them. *Pus*, scanty.

*Worse* in the evening; also from bathing them, on getting heated near the fire, and on turning the part.

*Better* in the open air. Left side.

**Argentum met.** Boring pain in the ulcer. *Pus*, copious, gelatinous, bloody or yellow, and sometimes corrosive.

*Worse* in the forenoon, and in the afternoon; also when lying down in bed, and on descending an eminence.

*Better* in the open air, on ascending an eminence, and on rising from the seat and moving about. Left side chiefly.

**Arnica mon.** Jerking pain in the ulcer; bluish ulcers; readily-bleeding ulcers; indurated ulcers; induration of the surrounding skin; inflamed and itching ulcers; painless; pricking, pulsative, and sensitive ulcers; swollen ulcers with shocks, and feeling of tenseness. *Pus*, bloody or gelatinous.

*Worse* in the evening, and at night; also from any bodily exertion, walking and moving, or turning the affected part.

*Better* from warmth, when letting the limb hang down, from pressure, and when lying down. Left side.

**Arsenicum alb.** Burning in the interior of the ulcer; pains are felt while sleeping; burning as if the ulcer were on fire; mortifying, putrid ulcers, with high edges, and shining redness of the surrounding skin; the base of the ulcer is either of a black-blue color, or has the appearance of lard; foetid ichor, and proud flesh in the ulcer; thin scurf on the surface, it bleeds slightly on bandaging it; flat, gangrenous, or inflamed ulcers; the surrounding skin is of a dusky-red, or rather of a purple color. *Pus*, copious, bloody, ichorous or corrosive, putrid, thin and watery.

*Worse* at night; also before falling asleep, and again on awaking, from the cold, and in cold weather, any exertion of the body, lying on the painful side, on ascending an eminence, after moving about, from drinking liquors, and in windy weather.

*Better* from warmth, on getting warm in bed, lying on the sound side, descending, and on rising from the bed. Either side.

**Asafoetida.** Ulcers with intermittent, pinching pain.

**Aurum met.** Mercurial ulcers; itching, shooting, or burning pains; bluish-red, deep, fistulous, swollen and painful ulcers. *Pus* is yellow and foetid.

*Worse* in the morning; also during rest.

*Better* from motion, and while lying down in bed. Right side. (Low-spirited, sad, and constant thoughts of suicide.)

**Baryta carb.** Gnawing pain; burning, or a pain as if burnt in the ulcer; corroding pains; scabby, crusty ulcers; indurated ulcers, difficult to heal; inflamed, itching ulcers; painless ulcers; pricking and pulsating; swollen ulcers, with a feeling of tenseness. *Pus* scanty, or totally wanting; gelatinous and scanty.

*Worse* in the night; also from cold, lying on the sore side, lifting the part affected, and from pressure.

*Better* when lying on the sound side. Left side.

**Belladonna.** Desire to remain still; dread of motion; burning in the ulcers on touching them; soreness and inflammation around the edges, with a black crust of blood in the center; deep, scabby ulcers with cutting pains; fistulous indurated ulcers, with induration of the surrounding skin; painless, though inflamed ulcer, or those with pricking, redness, and inflammation of the skin, for some distance around them; inflamed, sensitive, and swollen ulcers. *Pus* scanty, bloody and ichorous.

*Worse* at night; also on motion, however little, and from the lightest touch.

*Better* while standing. Right side.

**Bovista?** Itching and burning in the ulcers; scabby ulcers; inflamed, itching ulcers; painless ulcers; pricking or pulsating in the ulcers. *Pus* scanty, ichorous, putrid, viscid, or yellow.

*Worse* in the morning and evening. Left side chiefly.

**Bryonia alba.** Ulcers with a smarting pain; stinging when moving; throbbing in the ulcers; induration of the edges. *Pus* brownish.

*Worse* at night, after midnight, and in the morning; also before falling asleep, from exertion of the body, on getting heated, when lying on the sound side, on going up an eminence, from motion, or motion of the part, from making pressure on the side of the limb opposite to the ulcer, on rising from the seat or the bed, in summer and winter, when the weather changes, and during walking.

*Better* when descending an eminence, lying on the sore side, from scratching, and while sitting still. Right side.

**Calcareo carb.** Unwholesome, readily-ulcerated skin; scrofulous ulcers; fistulous ulcers, with redness, hardness, and swelling of the surrounding skin; carious ulcers; cutting pain; inflamed or putrid ulcers; high and feeble granulations, without much pain; painful soreness; tearing and throbbing in the ulcers; the ulcers are white or yellow. *Pus* scanty and albuminous.

*Worse* in the mornings; also just before falling asleep, on awaking, when letting the limb hang down, before menstruation, from wet poultices, in the spring of the year, when turning the part, and in wet weather.

*Better* when keeping the limb elevated, in dry weather, and from rubbing or scratching. Right side.

**Calcarea phos?** Carious ulcers; sensitive, easily excited, ill-humor, and want of disposition to do anything. The warmth of the room is intolerable.

**Calendula off.** Excessive secretion of pus; inflamed ulcers; painful as if beaten; surrounding parts are red; stinging in the ulcer during fever.

*Worse* at night, with some fever.

**Cantharides.** Ulcers with itching and lacerating; burning in the ulcers; smarting and stinging in the ulcer. *Pus* copious, inodorous, slightly yellow, and sometimes tinged with blood.

*Worse* in the afternoon, and at night; also from drinking coffee, from rubbing, and from scratching.

*Better* when lying down. Right side.

**Carbo veg.** Pressure and tension around the ulcer in the leg; an ulcer which has become cured breaks out again, and instead of pus, emits a bloody lymph; the surrounding parts are hard to the touch; burning in the ulcer. *Pus* brownish, fœtid, or fœtid sanies; cadaverous-smelling and corroding scanty secretion.

*Worse* in the morning, and at night before midnight; also in the open air, evening air, before menstruation, and from warmth. Either side.

**Causticum.** Bleeding ulcers, with blisters on the surrounding skin; boring and burning in the ulcers; burning in the edges; pain as if burnt; sensitive ulcers, with pustules around them; swollen, with a feeling of tenseness in them. *Pus* is bloody and corroding, greenish or gray, ichorous and thin as water, sometimes yellow.

*Worse* in the afternoon, and sometimes during the forepart of the night; also from cold, on just waking up, from drinking coffee, from rubbing or scratching, in clear, dry weather, and in a north wind.

*Better* in damp weather, and on wetting the ulcer. Right side.

**Chamomilla vulg.** The skin is unhealthy, and every cut or abrasion ulcerates; an existing ulcer hitherto painless, suddenly becomes painful; darting or lacerating, smarting or burning pain at night; creeping in the ulcer, with excessive sensitiveness to the touch; great sensitiveness to the currents of air, and to the wind.

*Worse* at night; also in the open air, during menstruation, from motion of the affected part, wet poultices, pressure on the side of the limb opposite to the ulcer, on rising from the seat or bed, from drinking coffee, from the heat of the bed, and in windy weather.



*Better* from cold. Left side principally.

**Chelidonium.** Old, putrid, spreading ulcers; when lying in bed at night there is a chill with a warm body; deep, fistulous, spreading, itching ulcers.

*Worse* in the morning; also in the open air, on turning the part, and when walking.

*Better* from a firm pressure. Either side.

**China off.** Boring, with painful sensitiveness in the ulcer; beating pain, only when moving the part; burning and pressing, or digging; foetid, flat and gangrenous ulcers. *Pus* bloody, ichorous and foetid.

*Worse* at night; also in the open air, from motion, from the lightest touch, and in windy weather. Left side chiefly.

**Clematis erecta.** Burning, creeping, jerking, throbbing or shooting in the ulcer; shooting pain in the ulcer, only when touched; scabby, deep ulcers; indurated ulcers, with high elevated edges, difficult to heal; itching in, and around about the ulcer. *Pus* serous, yellow, acrid or ichorous; scanty secretion, or total suppression of pus.

*Worse* at night; also from poulticing.

*Better* when washing the sore. Left side.

**Conium mac.** Pains at night which rouse the patient from sleep; bleeding ulcers; the edges become black; gangrene of part of the ulcer; creeping, with a tensive pain; ulcers which are blueish, have a livid appearance and are tumid; pain in the part as if it were being beaten to pieces; burning, crusty and deep ulcers; painless, hard and fistulous; swollen ulcers, hard to heal; inflamed ulcers, with a feeling of tenseness. *Pus* fetid, watery and ichorous.

*Worse* at night; also on descending an eminence, on beginning to move, before menstruation, pain from rubbing or scratching, or when either sitting or standing a long time.

*Better* on ascending an eminence, on letting the limb hang down, from motion, and from pressure. Right side.

**Cuprum met?** Old ulcers, with a feeling of contraction in the surrounding skin; fat ulcers; hard and inflamed ulcers, with a jerking pain; sensitive ulcers, with redness of the areolar. *Pus* scanty and corroding. Left side.

**Dulcamara.** Insensible, painless ulcers; hard, sensitive and swollen ulcers? *Pus* scanty and yellowish.

*Worse* in the night; also from cold or wet, and when the weather changes.



*Better* from motion, and movement of the part. Left side chiefly.

**Drosera rotund?** Bleeding, burning ulcers; cutting pain; *Pus* bloody, thin and watery, and ichorous.

*Worse* in the morning and during the latter part of the night; also when lying on the sore side, when sitting, and when getting warm in bed.

*Better* from cold, from rubbing, and while walking. Right side.

**Euphorbium off.** Old, torpid ulcers; lancinating and lacerating pains; ulcers turning black; insensible ulcers; biting in the ulcer; gangrenous ulcers.

*Worse* in the morning; also on getting heated near the fire, lying down, when changing the position, on beginning to move, while sitting, and when touching them.

*Better* from motion and walking. Left side; though may be either side.

**Graphites.** Unhealthy ulcers; proud flesh in the ulcer; tearing; crusty or scabby ulcers; hard itching ulcer, difficult to heal; sensitive sore spongy ulcers, that emit a salty flux. *Pus* bloody, watery acrid and corroding; putrid pus, or smelling like herring-brine.

*Worse* at night, before midnight; also during and after menstruation, and on moving.

*Better* when lying down, and from pressure. Right side.

**Hepar sulph.** Mercurial ulcers; burning in the ulcers; burning in the night only; pains resembling recent excoriation; throbbing and shooting; ulcers with jagged edges, and surrounded by pustules; bluish bleeding ulcers, with a burning pain in them, and surrounded by blisters. *Pus* may be laudable, acrid, or sanguineous; smells like old cheese; or it may be fetid and ichorous.

*Worse* at night, and in the morning; also on first waking up, from cold, when lying on the sore side, from pressure, on touching them; in clear dry weather, and in a north or east \* wind.

*Better* when lying on the sound side, and in damp weather. Left side chiefly.

**Hyoscyamus nig.** Inflamed ulcers, the surrounding skin being of a bright vermillion redness; large pustules around the ulcers.

*Worse* in the evening; also during menstruation, and on touching it.

*Better* when getting warm. Left side.

\* In Germany, from whence we get this proving, an east wind is a *dry* one.

**Jodium.** Bleeding ulcers; destitute of feeling; hard, spongy and sensitive ulcers; swollen ulcers, with a feeling of tenseness or soreness; *Pus* copious, bloody and corroding; or thin, watery and yellow.

*Worse* at night; also when lying down on the sore side, from pressure, on getting warm in the open air, from bodily exertion, and from rapid walking.

*Better* from cold, and when lying on the sound side. Either side may be affected.

**Kali bich.** Ulcers dry, form oval; have overhanging edges, a bright red inflamed areolar, hard base; movable on the sub-jacent tissues, dark spot in the center; after healing, the cicatrix remains depressed; the ulcers corrode and become deeper, but without spreading in the circumference; ulcers on the previously inflamed feet; ulcers on the fingers, with carious affections of the bones.

*Worse* in the morning; also from cold, and during the summer.

*Better* from heat. Either side. (LIPPE.)

**Kali carb.** Gnawing in the ulcer; bleeding, burning, boring, corroding ulcers. *Pus* copious, bloody, and ichorous; or thin and watery.

*Worse* at night, after midnight, and in the morning; also from cold, on getting heated, during menstruation and after moving.

*Better* from getting warm. Either side.

**Kreosote.** Burning, or pain as if burnt in the ulcer; putrid ulcers; sensitive ulcers; spongy ulcers. *Pus* acrid or ichorous, fetid or yellow.

*Worse* in the morning; also after menstruation. Left side chiefly.

**Lachesis.** The ulcer is large, and has a tendency to extend rapidly; surrounded by smaller ulcerations or pustules; considerable swelling, with a mottled, dark-blue or purple color of the surrounding skin; burning pain only when touching the sore; ulcers which are smooth, but have jagged edges, are surrounded by papillæ, and are bluish or livid in appearance. *Pus* scanty.

*Worse* in the evening, and at night before midnight; also in windy weather, in the open air, on changing the position, from pressure, while sitting, and in wet weather.

*Better* when lying down, on rising from the seat, and in wet weather. Right side usually.

**Lycopodium.** Fistulous ulcers, with hard, red, shining and

inverted edges; inflammatory swelling of the affected part; itching in them only or chiefly at night; also when touching them; gnawing, shooting or tearing pain; tumid ulcers, with elevated and indurated edges; surrounded by papillæ. *Pus* copious and albuminous; or sanious, gray, yellow, or acrid.

*Worse* in the afternoon and in the evening; also while lying down on the sore side, before menstruation, on beginning to move, from pressure, while sitting, on being touched, and on beginning to walk.

*Better* from cold, on motion, and on getting warm in bed. Right side chiefly.

**Mercurius sol.** Spreading ulcers; spongy, readily-bleeding ulcers; ulcers are exceedingly painful, and sensitive to the slightest touch; unequal elevations and depressions; (neither hot nor cold applications allay the intolerable darting, lancinating pain, G.); gnawing or throbbing pain; ulcers of a bluish or livid appearance, with hard, elevated and jagged edges; superficial ulcers, of a whitish appearance. *Pus* may be scanty or copious, and of almost any appearance, (save laudable, G.)

*Worse* in the evening, and at night; also in the evening air, from or during walking or motion, from the slightest touch, on getting warm in bed, and in wet weather.

*Better* from cold (?), while lying down, and while sitting. Left side mostly.

**Mezereum.** Pain of a burning character, or feeling as if from a recent excoriation; shooting pains; biting pains; pricking in the ulcer, or soreness; feeling of tenseness in the ulcer. *Pus* scanty or totally suppressed.

*Worse* in the evening, and in the night before midnight; also from rubbing, from scratching, and from being touched.

*Better* in the open air. Left side.

**Natrum carb.** Burning ulcers; pricking and pulsating in the ulcers. *Pus* corroding, acrid, putrid and yellow.

*Worse* in the forenoon; also when lying down.

*Better* from pressure, on getting up after sitting, and from rubbing or scratching. Left side principally.

**Natrum mur.** Superficial ulcers; red, angry-looking, smarting ulcers, surrounded by vesicles. No suppuration.

*Worse* in the morning, and in the forenoon; also from bodily exertion, before and after menstruation, from motion, and on making pressure.

*Better* while and after lying down. Right side.

**Nux vomica.** Raised ulcers with pale red edges; pain as if being beaten to pieces; burning pain as if burnt; jerking pain; prurient itching; sensitive, sore ulcers, with a feeling of tenseness; *Pus* greenish and corroding.

*Worse* in the morning, and at night; also in the open air, after menstruation, while lying on the back, on moving the part, when touching the ulcer, when drinking liquor or coffee, when walking, in clear dry windy weather, and in winter.

*Better* when lying on the sound side, when sitting, and in damp weather. The right side chiefly.

**Petroleum.** Fistulous ulcers; rapidly spreading; shooting pain, with elevated, indurated edges; deep or flat ulcers that are difficult to heal; pricking in the ulcer's edges, or areolar; proud flesh in them; redness of the areolar; painful, sensitive and spongy ulcers. *Pus* scanty, acrid and corroding; sanious and watery.

*Worse* in the morning; also in the open air, from cold in general, and in winter. Right side.

**Phosphorus.** Fistulous ulcers, with callous edges; gnawing pain; hectic fever. *Pus* fetid and badly colored; scanty, and again is easily secreted.

*Worse* in the evening and at night before midnight; also before falling asleep, on awakening, when the weather changes, and in the wind.

*Better* on awakening. Right side generally.

**Pulsatilla.** Flat, putrid carious ulcers; fistulous ulcers; itching, burning or excoriated feeling in the ulcers; smarting and shooting pains; the surrounding parts are discolored; indurated and elevated edges; ulcers surrounded by papillæ. *Pus* copious, albuminous and yellow; also bloody, or green.

*Worse* in the evening, in the afternoon, and at night before midnight; also on changing the position, while lying on the sound side, after lying down, during menstruation, on beginning to move; also after moving, on pressure on the side of the limb opposite to the ulcer, on rubbing or scratching, while sitting, and in windy or wintry weather.

*Better* in the open air, from cold in general, motion, on walking, and on wetting the affected part. Right side.

**Ranunculus bulb.** Itching or burning in the ulcer; shooting pains; smooth ulcers; boring in the ulcers; flat, superficial ulcers, with pricking in them. *Pus* sanious and acrid.

*Worse* in the morning, afternoon, and evening, and at night before midnight; also from cold in general, and on being touched.

*Better* while standing. Either side.

**Rhus rad.** Hard red edges, and itching of the ulcers; sore, inflamed ulcers; itching-smarting, or itching-biting in the ulcer; feeling as if salt were in the ulcer; erysipelatous inflammation and swelling of the surrounding skin; the skin in the neighborhood was covered with itching, burning vesicles, smarting on scratching them.

*Worse* in the evening, and at night; also from cold, on beginning to move, from drinking cold water, and when the weather changes.

*Better* from motion. Either side.

**Rhus tox.** Small vesicles, turning to putrid, gangrenous and spreading ulcers; violent fever; tingling and smarting as if from salt in the ulcers; burning, creeping or crawling sensation, with a pain resembling a recent excoriation; smarting and soreness; ulcers surrounded by papillæ. *Pus* sanious and acrid.

*Worse* in the morning, evening, and at night after midnight; also before falling asleep, in the autumn and spring, from bathing in cold water; also from exertion of the body, when lying down, from poultices, when the weather changes and in wet weather.

*Better* from motion, and motion of the affected part, while walking, and in dry weather. Either side *may* be affected; chiefly, however, the left.

**Ruta grav. ?** Gnawing, jerking pains. *Pus* sanious.

*Worse* in the afternoon; also in damp weather, and while he is sitting or lying still.

*Better* on motion. Left side chiefly.

**Sabina. ?** Deep ulcers; pricking, feeling of tenseness in the ulcer.

*Worse* in the morning, and in the evening; also from exertion of the body, from being touched, and on getting warm in bed.

*Better* in the open air, from cold, and on raising or elevating the limb. Left side.

**Secale cor.** Bleeding ulcers; ulcers becoming black; feeling as if burnt; painless ulcers; pricking, producing a prurient secretion. *Pus* putrid.

*Worse* at night; also from being touched, and on getting warm in bed.



*Better* from cold. Right side.

**Sepia.** Ulcers with blisters around them; pain as if burnt; deep, crusty (scabby) ulcers; flat ulcers with digging pain; destitute of feeling; fistulous, hard ulcers; high elevated edges; hard to heal; jerking, itching or pricking; proud flesh in them; pustules around the ulcer, with redness of the areolar; sensitive, sore, spongy or swollen ulcers; swelling of the edges, with tearing in the ulcer. *Pus* is copious, corroding, gelatinous, greenish or ichorous; or it may be scanty, putrid, viscid, sour-smelling, and whitish or yellow; thin salty ichor.

*Worse* in the morning, forenoon and evening; also before falling asleep, and on awaking, while sitting, and from being touched.

*Better* on awaking, and when rising from the seat. Right side.

**Silicea.** Aching pain in the ulcer; it becomes black at the base, or on the edges; bleeding from the base or edges; boring or burning in the edges, or in the areolar; sensation of coldness in the ulcer; deep or flat, crusty ulcers; destitute of feeling; hard, fistulous or gangrenous ulcers; ulcers with high, hard edges; difficult to heal; jerking and itching in or round about the ulcers; pricking in the edges and areolar; proud flesh in the ulcer; pulsating, putrid ulcers, with redness of the areolar; sensitive edges; spongy ulcers, or only spongy on the edges; swollen ulcers with white spots and tearing pain. *Pus* copious, brownish, corroding, gelatinous; or grayish, bloody, or ichorous; scanty, putrid, thin, and watery and yellow.

*Worse* in the forenoon, afternoon, in the evening, and at night; also in the open air, when lying on the painful side, from pressure, and when the weather changes.

*Better* when lying on the sound side. Either side.

**Staphisagria.** Itching or burning in the ulcer; gnawing, jerking, shooting or tearing pains; smarting in the ulcer. *Pus* excessive, acrid, ichorous and fetid; or scanty.

*Worse* in the morning, forenoon, in the afternoon, and at night; also on moving, from pressure, and on being touched.

*Better* in the evening and when lying down in bed. Principally the right side.

**Sulphur.** Readily - bleeding ulcers; ulcers with raised and swollen edges; surrounded by pimples; fistulous ulcers; stinging and lacerating in the ulcers; proud flesh in them; violent bleeding of old ulcers; irregular jagged edges; œdematous swelling,



and reddish-brown discoloration of the skin. *Pus* thick, yellow, and foetid; or thin and foetid.

*Worse* in the evening, and at night; also on awaking, from bodily exertion, while lying down in bed, before menstruation, from poultices, from being touched, and on getting warm in bed.

*Better* from cold, on rubbing or scratching, and in dry weather. Left side.

**Thuja.** Ulcers with indurated edges; elevated jagged edges; surrounded by blisters containing pus; deep, burning and fistulous ulcers; itching, pricking, and proud flesh in the ulcers; pulsating, spongy ulcers, or only spongy on the edges; feeling of tenseness in the ulcers; ulcers with serrated edges. *Pus* yellow.

*Worse* in the afternoon; also on rising from the bed.

*Better* from rubbing or scratching. Either side.

**Tartar emetic.** Deeply-penetrating, malignant ulcers; broad and deep sloughing ulcers; gangrenous ulcers, with hectic fever; ulcers are surrounded by black pustules, which break down into deep ulcers. *Pus*, absent; merely an oozing of foetid humor.

*Worse* in the morning. Either side.

**Veratrum album.** Bluish ulcers; hard, indurated ulcers; itching, painless ulcers, but with redness of the areolar. *Pus* scanty.

*Worse* in the morning; also in the autumn or winter, when standing, and on getting warm in bed.

*Better* on rising from the bed, and in dry weather. Either side may be affected, though the right side is usually so.

**Zincum met.** Herpetic ulcers; bleeding and burning ulcers; destitute of feeling; itching; redness of the surrounding skin; sore ulcers; tearing, and feeling of tenseness of the ulcer, and the surrounding parts. *Pus* bloody and corroding.

*Worse* in the afternoon and evening; also on getting heated near the fire.

*Better* from rubbing or scratching. Left side.

In the last few years, a number of "new remedies" have been introduced to the profession, that are as yet, however, hardly established enough to warrant their insertion here. The mass of them have not been tested by myself in these cases, and those only that I have *used* will be noticed; and among them, only such as have proved curative.

**Apis mel.** This remedy has been used in perhaps five cases, and cured promptly the following symptoms and conditions; small

ulcers; large, spreading ulcers, that are surrounded by pimples; redness and heat in the areolar; pricking in the ulcer; stinging in the ulcer and in the areolar; high florid granulations. *Pus* thick, white, acrid, and corroding.

*Worse* in the morning; also from heat.

*Better* from cold water applications, and from pressure. Left side.

**Hydrastis can.** This remedy has been used but once by me, and acted very satisfactorily, though the result could not be called a cure properly. It seems to be closely analogous to *Mercury*. I plead guilty, however, to having departed from my usual practice and teaching in this case, by using it as a topical application. The reason for this was, that there was no opportunity at the time of getting a tincture or dilution, and a preparation of the dried root steeped in water was only available. The symptoms were as follows: they were all cured except the pain—ulcer closed and all—and this was removed by one dose of *Cham.* 6. Ulcers on the legs; dry, superficial, and angry-looking; covered by a yellow scab; pain was stinging, or stinging-burning; areolar inflamed, and covered by pimples, which frequently degenerate into ulcers; faint-fetid odor; circular shape, with flat edges; one of the ulcers had high and thick edges. No *pus*.

*Worse* at night; also from the warmth of the bed, on motion, or on touching them. Left side.

**Hamamelis virg.** This is one of the best remedies in our whole Materia Medica for the treatment of varicose ulcers. I am almost tempted, in spite of homœopathy, to call it a specific. It has cured in my hands probably ten ulcers of that description. The symptoms are: deep, circular, flat ulcers; ulcers that are very dark, almost black at the base; the surrounding skin is bluish-black; oozing of blood; burning and stinging, or biting in the ulcer; the edges are on a level with the surrounding skin, and are sharp cut. *Pus* very thin and watery, bad smelling; more an ichor than *pus*.

#### OPERATIONS.

THE operations that are occasionally required for the cure of obstinate ulcers, are two in number, viz.: plastic operations, and amputation. The former of these is one of the most beautiful procedures in our art, and is one that requires a good eye, and consid-

erable skill in its performance. Still, like many other "beautiful" things, it lacks in usefulness. It often fails. Nor can we wonder at this. On turning to the opening pages of this chapter, we see that the existence of an ulcer depends upon a diseased state of the whole system, that renders the formation of new healthy material, and firm cicatrization equally impossible. How *can* we then expect a transplanted portion of the integument diseased itself, to adhere to these old diseased surfaces, that have not vitality enough to resist the continued encroachments of the malady? When an ulcer has been healed, but leaves an ugly scar, or from the contraction due to this process gives rise to considerable inconvenience and deformity, then an operation of this nature is admirable. But under other circumstances, when the ulcer remains open, and the diseased action is consequently not suspended, all such methods are *worse* than useless, inasmuch as they give no relief, and only subject the patient to additional suffering that is entirely uncalled for.

In some severe cases of sloughing or phagedenic ulcer, it *may* possibly be found necessary, on purpose to save *life*, to amputate. This is the last resort and should not be thought of. No ulcer is actually incurable. We may not cure it, but it only proves our imperfect knowledge of our remedies, and not their powerlessness. In such cases, amputation is truly "the reproach of surgery," and is a measure I cannot conceive of ever being the only one left. If remedies *do* fail, even use styptics, acids, anything but this cruel operation.

The method of performing either of these operations is fully developed in works of a different character.

## GANGRENOUS DISEASES.

## MORTIFICATION, BED-SORES, SLOUGHING PHAGEDÆNA, CARBUNCLES, BOILS.

## MORTIFICATION.

MORTIFICATION, or *gangrene*, is the death of a part, and is usually applied to death of soft parts. DUNGLISON says, that in the incipient stages, or when recovery is possible, gangrene is the proper term; when the part, however, is totally destroyed, he calls it sphacelus. ERICHSEN gives a different meaning to the terms. Death of any part, according to his teaching, is gangrene, whether bone, or soft parts. But when the soft parts are alone involved, it is sphacelus. This nomenclature is the one I have adopted, and is that usually applied by the profession at large.

Gangrene is spoken of as "acute" or "chronic," "traumatic" or "idiopathic," "hot" or "cold," "dry" or "humid." Old-school authors divide these into two grand divisions, "constitutional" and "local." The last condition is a merely suppositious and impossible one, unless they mean gangrene confined to one part — as a finger, or the nose; even then the fault lies deeper than that one point. It must be a constitutional disease. When occurring in elderly people, from deficient or impaired nutrition, we speak of it as "senile."

The causes of gangrene are numerous. It may result from a mechanical injury, as an interruption of the circulation from a severance of a large arterial trunk, from deficient circulation in elderly people, or from impeded circulation — 1st, structural diseases of the arteries, as calcification, or ossification; 2nd, sudden arrest of the flow of blood by ligature after operations; 3rd, return of the blood by the veins being obstructed by strangulation, as when a bandage is applied so tightly that constriction of these vessels follows; 4th, by the long-continued pressure of some foreign body on the main arterial trunk — as from tumors, bullets, or

hard compresses; finally, intense inflammation, by engorging the vessels, and impeding the flow of blood, or the application of specific poisons. Other causes there may be, but they all, to a greater or less extent, exert their influence by an interruption or obstruction of the circulation, both arterial and venous.

In regard to the curability of gangrene, much might be said, but the whole question depends upon the cause, the age, the habits of the patient, and the nature of each particular case. There seems to be some considerable division of opinion on this subject, one party saying because it *is* gangrene, it can never be cured, and the others that it is always amenable to treatment. Both parties are partly right; for if the case is at all favorable, it can certainly be cured; but the assertion that it is always curable, is too broad, and consequently not true.

The conditions under which a cure by medicinal agents may be hoped for, are as follows: The surface, or part implicated, is small in extent, the disease is rapid in its progress, accompanied by more or less pain, moist inflammation of the surrounding parts moderate, occurring in young people, and ordinarily when resulting from mechanical injury. A cure is almost hopeless when its invasion is slow, but steady, part dry, when the disease results from intense inflammation, no pain, or very little, when occurring in old people, from the calcification or ossification of arteries, and from injuries to persons of a debilitated constitution. Although these conditions are *unfavorable*, yet they are *only* that, and so nothing should be left untried, ere resorting to amputation.

“When should we operate?” is a question often propounded. When remedies prove themselves to be utterly powerless. Some few suggestions about the indications for an operation may be given here. Mortification, when it has reached its limit, forms an ulcerated line, separating it from the living tissues. This is called the “line of demarkation.” It is a rule among surgeons to wait until this line has formed before amputating, as (they say) gangrene will very likely invade the stump. Under homœopathic treatment it has been proven to me three times, that in traumatic cases, at least, no such precaution is necessary. Idiopathic cases had best be allowed to wait for this line. As soon as remedies, when well-selected, give unmistakable evidence that they are powerless to arrest the disease, amputate at once, and



in the majority of cases no trouble will be experienced in the subsequent treatment. Why, if the line of demarkation has *not* formed, how can we tell but what it may form only after the whole limb has been diseased? and if we amputate, and gangrene *then* invades the stump, is the patient in any worse condition than if we had waited until it had got past that point? We have given him a chance, and us more time to test the remedies; and as the limb would have to come off anyhow, there is no "unnecessary maiming done." One case may be cited here to prove the truth of this assertion: On the 22nd of September, 1865, was called to see a boy who had his left foot badly crushed between the bumpers of two coal cars. Under allopathic treatment, and under the care of one who dare not amputate before the gangrene set in, his foot from the toes half-way up to the ankle was mortified — foot black, moist, and painless. The surrounding skin was much inflamed, and the gangrene evidently progressing. Having had a case some four weeks before, in which gangrene followed a simple fracture, and was cured by *Lach.*, against the advice of my colleague, Dr. D. S. TRITES, I removed a portion of the foot, below the ankle-joint. The great toe, and the one next to it, not being involved, were left in place. The line of the gangrene was so irregular, that it was found impossible to save the toes unless a portion of this gangrene was left on the foot. The piece left was about as large as a silver half-dollar. Six days afterwards this spot sloughed out, and under the use of *Lach.* 200, dry, on the tongue every third day, the further invasion of the disease was stopped. This was in every way in direct violation of all standard teaching, as the amputation was *not* above a joint, and was performed before the disease was checked. Still the boy recovered, with a useful foot, in as short a time as could be expected. At the bottom of the record of this case, in my "case-book" for 1865, occurs this passage, which will bear repeating: "A perfect cure resulted, and another great fact is thus fully proved — *viz.*, that allopathic surgery, and allopathic rules, are only suitable to allopathic medicine; what *we* can do in surgery, we do not yet know."

Gangrene of external parts, one would suppose, is always easily diagnosed, but such is not the case. Strange as it may appear, eminent surgeons have actually mistaken bad cases of ecchymosis for gangrene. But of course this does not often



occur. Gangrene may generally be known by a change of color in the part, it becoming generally first livid, then darker, until it reaches black, or almost so. There is always more or less loss of sensibility, and usually absence of pain, although, as noticed when speaking of the curable condition, there may be a little pain, or, to speak more properly, there is that indescribable sense of uneasiness, or that dull, indistinct pain, noticed when speaking of congestion.

But this all relates to gangrene of external parts. Gangrene of *internal organs* may result from a contusion, from congestion, inflammation, etc., pretty much as in external parts, under nearly all circumstances; its existence is more properly *suspected* than determined. One of the first signs or symptoms of its approach is a total or partial disappearance of an already existing pain, but with no corresponding improvement in the patient's general health. This, of course, is not a reliable sign, as the same thing occurs in the invasion of an internal organ by suppuration, only in this instance a throbbing or pulsating pain succeeds to the former. The patient in these cases grows weaker and weaker, and unless relieved speedily dies.

The diagnosis, then, is usually sufficiently easy, but it may, and *has* occurred, that a part is condemned and amputated when in reality the vitality is only lost to outward appearances, and ultimate recovery *might* ensue from a more persistent use of remedies. Do not be in too great a hurry to pronounce an unfavorable opinion in these cases.

The prognosis, of course, in nearly all of these cases, is apt to be extremely unfavorable; the chances for recovery are often slim, and though the patient may not require an operation, yet it is well to keep the possibility of such an event being necessary constantly before him, so that it will not be altogether unexpected.

#### BED-SORES.

BED-SORES are very troublesome affairs that are quite common, and will be found very difficult to manage. They may occur in spite of any precautionary measures, but can often be prevented by attention to cleanliness, and the avoidance of long-continued pressure. One indispensable thing, is to keep the bed dry; this requires careful nursing. Bed-ridden people are those oftenest

affected ; by this I mean those who have been confined to the bed for a long time, and mostly in cases where one position has been long maintained. Here the natural discharges require constant attention to the bed-clothing. They are ulcers, then, caused by a long-continued pressure on one point. In appearance they are an inflamed patch of skin, becoming soft and doughy, until finally a tough, grayish-looking slough is formed, which exudes thin, corrosive pus. On the elimination of this slough an ulcer is formed, commonly deep, but sometimes shallow, taking on the healing process slowly. They are not of the indolent variety of ulcer, but seem rather to depend upon the low state of the general system necessary to their formation. Cases have occurred in which the muscles, and even the bones, are exposed. Such cases are more serious than ulcers of the same size under other conditions, chiefly from the low state of the general health. There are few diseases that will be found so difficult to cure as this ; it requires patience and perseverance. Allopathy recommends numerous washes and ointments, which are adopted by many homœopathists ; they ought to *know* that the cure is actually retarded by such means. Use remedies in attenuation, and give them internally, and the higher the better. The first thing to be done is to devise means for the relief of the pressure exerted on the part. If it can be procured, a water or air-bed is the best thing known. Should the patient be unable to get one, pillows and clothes should be so disposed that the end in view may be attained. Many other preventive measures have been published, prominent among them is the application of borax and spirits of wine, under the supposition that it hardens the skin. This seems doubtful to me ; I should rather think it would favor the formation of such sores. Never touch them with caustic, the knife, or *any* instrument ; no good can come of it. Caustics are particularly objectionable, as they form a new slough, which, on separating, leaves the original ulcer larger.

#### PHAGEDÆNA.

SLOUGHING phagedæna is also known as hospital gangrene, and in civil practice is extremely rare. I have never seen but one case, and that being a dispensary patient, was lost sight of. The characteristics are unknown to me from personal experi-

ence, and so shall quote ERICHSEN rather extensively. It "is a disease characterized by a rapidly destructive and spreading ulcer, covering itself, as it extends, by an adherent slough, and attacking open sores and wounds. It used formerly to desolate civil hospitals, but thanks to the sanitary measures that are now so generally adopted in these institutions, it has almost disappeared from them, though still an outbreak of it occasionally takes place."

"When sloughing phagedæna invades a wound that is previously perfectly healthy, the surface of the sore becomes covered with gray soft points of slough, which rapidly extend, until the whole of the ulcer is affected. At the same time it increases rapidly in superficial extent, and commonly in depth; the surrounding integument becomes œdematous, swollen, and of a livid red color; the edges of the ulcer are everted, sharp-cut, and assume a circular outline, and its surface is covered with a thick, pulpy, grayish-green, tenacious mass, which is so firmly adherent to the sore, that it cannot be wiped off from it, being merely moved or swayed to-and-fro when an attempt is made to clean it. There is usually some dirty, yellowish-green, or brownish discharge, and occasionally some bleeding; the pain is of a severe burning, stinging, and lancinating character, and the fœtor from the surface is considerable. The ravages of this disease, when fully developed, are very extensive. The soft parts, such as the muscles, cellular tissue, and vessels, are transformed into a gray, pulpy, mass, and the bones are denuded or necrosed. The larger blood-vessels resist the progress of the disease longer than any other parts, but may at last be exposed, pulsating at the bottom of the deep and foul chasm. There is little risk of hemorrhage taking place, however, in the early stages; but when the sloughs are separating, an artery may give way, and bleeding to a dangerous or fatal extent may ensue. BLACKADER has described an ulcerated form of this affection, in which a vesicle containing a bloody ichor forms, with a hot, stinging pain; this breaks, leaving a circular ulceration about the size of a split pea. The ulceration once formed, rapidly extends by sharp-cut edges into the surrounding integument.

"The constitutional symptoms are inflammatory in the first instance, with a tendency to asthenic and irritative fever as the disease advances." Some authors dispute this, claiming that the local symptoms occur first. MR. ERICHSEN, however, seems to

have the mass of the profession agreeing with him; at all events that is the homœopathic doctrine.

#### CARBUNCLE.

CARBUNCLE is a disease peculiar to people of a debilitated, broken-down constitution, and attacks them usually about or past the middle period of life. It is but seldom seen on the extremities, or what is more singular, on the anterior surface of the body. The back of the neck is the usual seat. When it is situated on or near the head, or when it is of large size, the patient may die, passing into a typhoid condition.

Carbuncle begins with inflammation, swelling, and some pain; the swelling is flat, circular, and of a dusky red hue; usually it is but very slightly elevated above the surrounding skin. When sloughing is about to occur, the skin covering it becomes darker, undermined, and finally breaks down around the edges, leaving fissures through which exudes a thin, badly-colored, unhealthy pus.

The points of distinction between boils and carbuncles are sufficiently well marked to prevent the possibility of confusion. Boils have a *small* slough, and copious discharge of pus; carbuncles have an immense slough, while the suppurative action is mild or deficient. Again, boils are elevated above the surrounding integument considerably, and are of a conical shape; carbuncles are nearly always on a level with, or but slightly raised above the skin, and are flat. These formations vary in size from one or two inches in diameter, to six, or even more. They seldom attack young people, or those of a robust habit.

In spite of the homœopathic authorities against it, there is nothing so effectual when conjoined with proper treatment—as early crucial incisions, passing through the whole extent, depth and breadth of the mass.

#### BOILS.

BOILS are well known to all physicians, and need but little mention. They are sometimes called "*furunculus*" or "*abscess nucleata*." According to LAURIE, "a boil is a round, or rather cone-shaped, hard elevation, of different sizes, slowly inflaming

and suppurating, discharging matter generally at first tinged with blood, but still retaining a portion of morbidly altered cellular tissue, which may form the nucleus of other elevations after those which have appeared first have healed." The causes are a peculiar constitutional tendency. Boils are, however, frequently critical, as in gout, following acute fevers, in eruptive diseases, and sometimes forming the termination of chronic exanthemata.

**Treatment.**—In the treatment of the *sloughing phagedæna*, it may be necessary to employ *Nitric acid* to stay the further extension of the ulcerative process. I should be more inclined, however, to trust to my remedies *alone*. Boils, I believe, should be opened as soon as you see them, whether there be pus or not. Should suppuration follow, an outlet being already made, there will be less pain. It has been my experience that when a boil is opened in the earliest stages, before the formation of pus has commenced, the swelling will subside and a cure result very often.

The remedies that are oftenest used, are as follows :

GANGRENE: Humid.—*Chin., Hell., Phos.*

—— Hot.—*Acon., Ars., Bell., Muriat. acid, Sabin., Secale.*

—— Cold.—*Ars., Asaf., Euphorb., Lach., Plumb., Secale, Sil., Squilla, Bell., Con., Merc., Ranunc. bulb.*

—— of the Nose.—*Secale.*

—— of the Buccal Cavity.—*Ars., Lach.*

—— of the Sexual Parts.—*Ars., Canth., Plumb., Secale.*

—— of the Scrotum.—*Plumb.*

—— of the Penis.—*Canth., Plumb.*

—— of the Uterus.—*Secale.*

—— of the Arms.—*Secale, Ranunc.*

—— of the Lower Limbs.—*Secale. (Lach., G.)*

SLOUGHING PHAGEDÆNA: *Ars., Aur., Hep. s., Lach., Merc., Mezer., Nit. ac., Tart. em., Sil., Sulph.*

—— of the Nose.—*Aur., Merc.*

—— on the Chest.—*Mezer., Sulph.*

—— on the Back.—*Ars., Merc. Sil., Sulph.*

—— on the Arms (upper).—*Ars., Mezer.*

—— on the Arms (lower).—*Merc.*

—— on the Hands.—*Merc., Sil., Sulph.*

—— on the Fingers.—*Merc., Sil., Sulph.,*

—— on the Thigh.—*Merc., Mezer.*



SLOUGHING PHAGEDÆNA: on the Leg.—*Merc., Mezer., Sil.*  
 ——— on the Foot.—*Ars., Sil., Sulph.*

BOILS: *Acon., Arn., Bell., Hepar. s., Merc., Sulph.*

CARBUNCLE: *Ars., Arn., Bell., Lach., Merc., Sulph.*

BED-SORES: *Arn., Ars., Lach., Plumb.*

**Aconite nap.** Deadly paleness of the countenance, and shuddering; the part first swells, and then assumes a blackish color; sleeplessness, tossing about from side to side; chilliness if uncovered in the least; excessive thirst; slight perspiration, and hard accelerated pulse; cool sweat in the palms of the hands; coldness of the feet as high as the malleoli, with sweat on the toes and soles of the feet.

**Arnica mon.** Hard, hot, and shining swelling of the parts affected; gangrene following contused wounds; thirst before the fever; pain in the periosteum of all the bones, as intermittent fever; pain in the cartilage of the ear, as if the parts had been contused; swelling of the nose, with a feeling as if from ulceration in the nostrils; tendency to boils, frequently returning; carbuncle with fine pricking of the skin.

**Arsenicum alb.** Great weakness, and emaciation; cannot take even a few steps without sinking; carbuncle which is the seat of a deep burning pain, and particularly useful just before the sloughing process is commencing; anasarca, or œdematous swelling of the part; general coldness with parchment-like dryness of the skin; thirst, drinking little at a time, but often; gangrene accompanied by fetid diarrhœa; carbuncle arising from contagion; coldness followed by heat.

**Asafœtida.** Dark-red and hot swellings; cold swellings; bright raw appearance of the wounds, covered with a crust of tenacious lymph, with transparent lymph-like pus, and sensitive to the touch; coldness and dryness of the skin, with accelerated pulse.

**Aurum met.** Gangrenous diseases with œdematous swelling of the part; very sensitive to cold; low-spirited, with desire to commit suicide.

**Belladonna.** Fiery redness of the swelling, and of the surrounding skin, even erysipelas; dry, hot skin, thirst and headache; erysipelatous swellings, becoming indurated, and afterwards mortifying, accompanied by glandular swellings; extreme sensitiveness to the slightest touch; secretion of bloody ichor.

**China off.** Emaciation; naturally attenuated limbs, which



become bloated and swollen; hard, red swellings; putrid ichor; pale, sunken or clay-colored face; bed-sores in people who are much debilitated from excessive though natural discharges.

**Cantharides.** Ulceration and gangrene after exanthematous diseases; frequent paroxysms of feverish coldness; pulse hard and full, or small and frequent; nervous irritable; loss of thirst.

**Conium mac.** Exhausted and faint, as if paralyzed; gangrene from contusions; the glands are swollen and indurated; feeling of heat in the whole body; perspiration all over; pulse unequal; depression of spirits.

**Euphorbium.** Inflammation and swelling, followed by cold gangrene; chilliness of the whole body, shuddering.

**Helleborus nig.** Pale color of the skin; sensation in the smaller parts as if too heavy and as if pressed asunder; general perspiration; slow pulse; constrictive sensation in the nose.

**Hepar sulph.** Boils on the head and neck, very sore on contact, and when lying on them; hard, full and accelerated pulse; perspiration easily excited; unhealthy readily-suppurating skin. This remedy is invaluable in promoting or hastening the secretion of pus.

**Lachesis.** Sensation as if hot air were pouring through the knee-joints; gangrenous ulcers on the legs; pulse is small and weak, but accelerated; internal sensation of heat with cold feet; skin changes to bluish, red or yellow; carbuncles with purple colored surroundings, and many smaller boils around them; gangrenous ulcers and blisters.

**Mercurius viv.** Inflammation and swelling of the glands of the neck; pulse irregular; boils, and carbuncles; carbuncles that are very foul and destructive; cannot bear the heat of the bed; the pains are not ameliorated by either hot or cold applications, both seeming to increase the sufferings. Before suppuration begins in a boil, this remedy will often cause the swelling to disappear.

**Mezereum.** Burning of internal parts, with external chilliness; sensitiveness to the cold air; pulse full and hard; perspiration during sleep, followed by a chill, with no previous heat.

**Muriatic acid.** Putrid, gangrenous ulcers on the lower extremities; great sensitiveness to the dampness; pulse weak and slow; chilliness and shuddering; "blood-boils"; œdema of the part.

**Plumbum.** Carbuncle on the back of the neck, with tension

when moving the head; œdema; pulse very variable; chilliness; perspiration cold and clammy; small wounds easily suppurate; sensitiveness of the skin to the open air.

**Ranunculus bulb.** I can find no indications for the use of this remedy, notwithstanding it is recommended by many of our writers.

**Sabina.** Red shining swelling of the affected part; pulse is unequal; violent beating of the veins; insupportable burning heat, with restlessness in the whole body.

**Secale cor.** Inflammation and gangrene of the uterus; gangrenous deadness of the fingers; swelling of the hands with black pustules; senile gangrene of the feet; pulse remains unchanged; gangrenous blood vessels.

**Silicea.** Boils on the neck and in the arm-pits, with glandular swellings and suppuration; "blood-boils" and warts on the arms; also on the thighs and calves; pulse small, hard and rapid; carbuncles, and bed-sores.

**Squilla marit.** Has been used with some success in cold gangrene.

**Sulphur.** Bed-sores with gnawing pain; red-shining swelling of the toes; pulse full, hard and quick; sensation as of a band around the part; putrid ulcers, turning to gangrenous sores, and sloughing phagedæna.

**Tartar emet.** Has been used occasionally for sloughing phagedæna.

The indications above given are, of course very meagre. In selecting the remedy, compare this chapter with that on ulcers.

NOTE.—A gentleman informs me that he has frequently aborted boils and felons by applying the bruised blue-flag, (*Iris vers.*) using the whole plant.

## TUMORS

INNOCENT TUMORS, SEMI-MALIGNANT TUMORS,  
CANCEROUS TUMORS.

TUMORS in general are described by DUNGLISON to be "a rising, or prominence, of a greater or less size, *developed by a morbid cause in some part of the body.*" I have italicized the concluding portion of this quotation, to show that the idea of a "local disease" is a visionary one.

The whole subject has been divided into three great classes — 1st, Innocent; 2nd, Semi-malignant; 3rd, Malignant.

*Innocent* tumors are sometimes known as "benign," or "non-malignant." We have three general varieties of these tumors — 1st, the encysted form; 2nd, those formed by a simple increase in size of already existing structures. These differ from simple hypertrophy, in having a distinct outline, and being prominent above the remainder of the part, involving only a portion. Hypertrophy, on the contrary, is a uniform enlargement of the whole part or limb, still retaining its proper shape. 3rd. Those formed by a growth of an existing structure, but never found normally in the situation occupied by the tumor. Among the first class we number the "atheromatous" and "cystic" tumors. Under the second, "warts," "polypi," "glandular," "fatty," "vascular," "nervous," and "bony" tumors. The third variety embraces the different "fibrous" tumors. Some of *these*, however, are semi-malignant, as will be shown in the second section.

This class of tumor derives its name of innocent, or benign, from the fact that they do not contaminate nor implicate neighboring structures, do not return after having been removed, and do not cause death or inconvenience, only (1st) when they compress vessels or canals, (2nd) when by their pressure the bones or other tissues in the vicinity are absorbed, and (3rd) when their great size and weight wear out the patient. The different varieties we will mention are eleven in number, as follows:—"Atheroma,"

"cysts," "warts," "condylomata," "sarcoma," "hæmatoma," "polypi," "glandular," "fatty," "fibro-cellular," and "fibrous."

1. *Atheromatous Tumors*.—This is a tumor formed of a cyst, and containing matter like pap, or "bouillie." They are met with in almost any part of the body, but are most common on the head. They may exist in any number, as many as thirty or forty being found in one case on the head; the size may be from that of a pin's head, to that of an ordinary orange. They are painless, but, as ERICHSEN says, they may occasion uneasiness by compressing neighboring nerves. Usually they grow slowly, but occasionally, after remaining nearly stationary for a long time, they suddenly grow rapidly. The contents are not invariably such as has been stated above; sometimes it is cheesy, again creamy, dry, and laminated, or it may be semi-fluid, and of a brown, green, or blackish color. They sometimes terminate by inflammation, succeeded by suppuration, which in turn is followed by the formation of a large ulcer, which will be found very obstinate and troublesome to treat. The so-called "*horns*" are frequently the result of these tumors; the process by which they are formed is thus described by ERICHSEN: "If left untouched, it occasionally, though rarely happens, that the sebaceous matter exuding through an aperture on its surface, forms a kind of scab or crust, which, by a process of sub-deposition, becomes conical; and being gradually pushed up from below at the same time that it assumes by exposure a dark-brown color, forms an excrescence that looks like a horn, and is usually considered to be of that character." This is no doubt true of horns formed by these tumors, though the same formation has been met with in other diseases, and seems then to be due to some other process.

2. *Cysts*.—These are sacs without any outlet, that may be apparently new formations, or normal ones abnormally distended. It may then be caused by the accumulation of fluids in such cavities that are unprovided with an opening; the bursæ are frequently enlarged from this cause. The structure and density of the walls of these cysts varies greatly; they may be as thin as the arachnoid, or dense and fibrous. This form of tumor is most common in those parts where bursæ naturally exist. When they are of a new formation, the sheaths of the tendons, and the cellular tissue are their chosen seat. They vary in size from that of a mustard-seed to one weighing many pounds, as in the case of

“ovarian cysts.” The contents may be fluid, semi-fluid, or jelly-like, and even solid; the same variety exists in regard to color — from a limpid, colorless fluid, to brown, or even black. We recognize two forms of cysts, the “simple” and the “multilocular.” The simple, or, as they are sometimes called, “serous cysts,” are found in almost any part of the body; they are composed of a thin wall, and filled with fluid. Multilocular cysts are those composed of a number of simple cysts, joined together in one of two ways: one form is a number of simple ones pressed together, the other is one large cyst, with a number of smaller ones growing directly from it. The ovaries are more constantly the seat of these formations than any other part of the body. The contents vary greatly, as said when speaking of cysts in general. It is in the simple form only that we find colorless fluid; in the other, the contents may be—anything. “Compound” and “proliferous” are terms applied synonymously to the multilocular cysts. Old authors speak of the “binocula,” but modern writers include them all in one term.

3. *Hæmatoma*.—This is a cyst, differing, however, from those mentioned above, in containing fluid blood. Sometimes a vein becomes occluded, and from the consequent distension of its walls, a hæmatoma is formed. Transfusion of blood into an already existing cyst is frequently met with. Transformation from a nevus is also often the cause. These cysts are often, from their peculiar appearance, mistaken for cancer of the encephaloid variety; it requires some care, then, to make a correct diagnosis. These three tumors should not be called separate diseases; the only difference that I am able to discover is in the contents. They should be considered as different forms of the same disease.

4. *Warts—Condylomata*. These two terms apply to the same diseases in reference to their locality; when the skin is the seat, they are termed warts; when situated on the mucous surfaces, the latter term is employed. Speaking of warts, ERICHSEN says, “these essentially consist of an increased deposit of laminated cuticle, usually with some augmented vascularity of the cutis.” Warts are hard, horny, and usually conical projections, rarely sensitive, and occurring on any part of the body, and in almost any number at one time. Occasionally they appear as large flat clusters, and are rather painful; sometimes again they are soft, but usually they present the characteristics noted above. The hands



are oftener affected than any other part. Condylomata, as said before, are found on the mucous surfaces, are soft, flatter and usually of a whitish color, are occasionally sensitive, and likewise occur in great numbers. These tumors are very vascular, and bleed readily on the slightest touch. They are sometimes spoken of as "mucous tubercle." DUNGLISON says that "condylomata arises from the application of syphilitic virus." ERICHSEN appears to think differently. The general impression at this day is, that syphilis is *not* the only cause for their appearance; they occur in many cases spontaneously, and then again from a multitude of other diseases. There is a variety, however, which is known as venereal condylomata.

*Cheloid* is a growth closely allied to warts; ERICHSEN says, "it is a peculiar pinkish-white fibro-vascular tissue, which is commonly met with in old cicatrices as an outgrowth of these, and not unfrequently recurs after removal."

5. *Sarcomatous tumors*. These growths are nothing more than a hypertrophy of "fibro-cellular element," and are moderately rapid in their growth. ABERNETHY had made these tumors a study, and has given us a long list of varieties, which would take up too much space to mention. Actually, they are fleshy tumors; on examination they look like muscle or skin, depending upon their situation. They have attained an enormous size; one case is reported in which a mass of this kind was removed that weighed one hundred pounds. They are painless, smooth, a little doughy in feeling, non-elastic, movable, and sometimes pendulous or pedunculated. Pendulous sarcomas is the character of the tumor usually known as a "wen." In the earlier stages of their formation; when quite small, pressure will frequently cause their disappearance, but this is not practicable when they have attained any size. In November, 1865, I removed a tumor from a lady's thigh, that was so different from anything I had ever seen, that it was hard to tell *what* it was. It is in my "case-book" for that year as a "medullary sarcoma," (ABERNETHY'S classification.) It was a pyriform shaped body, as large as a good-sized fist, and of a dark-blue color; very vascular, and warmer than the surrounding skin. It hung by a pedicle as large as the little finger in diameter, and about two inches long. After removal, the section showed it to be composed of a number of fat globules, enclosed in a fibrous net-work, which in turn was enclosed in a thin membrane. These were surrounded



by the skin, *but had no attachment to it whatever*; merely laying loosely in it. It was nourished by a large artery nearly as large as the digital branches, and accompanied by a vein. There was no return of the disease.

6. *Polypi*. This form of tumor is a pendulous and pedunculated mass springing from the mucous membrane; it may be found on any mucous surface, but is most common in the nasal fossæ and the uterus. DUNGLISON says that they may be innocent or malignant in their character, the latter degenerating into true cancer, and readily distinguished from the benign by their being quite painful, readily bleeding, etc. The innocent or benign class is divided by authors into a great number of varieties, the names of which indicate the characteristics quite easily. This sub-division is of but little importance to us, or even to the allopaths; ERICHSEN himself only noticing two of them. In speaking of polypus, he says, "the true mucous or gelatinous polypus is composed of the elements of this membrane expanded and spread out, and consists of a loose fibrous stroma covered by epithelium more or less distinctly ciliated, the cilia being often beautifully seen, when recent specimens are examined under the microscope. The so-called fibrous or medullary polypus consists of other forms of tumor growing from and covered by mucous membrane." From this it would appear that polypi are not a class of tumor made up of several varieties, but a distinct form of tumor found on the mucous surfaces. All polypi grow rapidly, the mucous or *true* variety especially so. This is spongy, soft, bleeding readily when touched, and causing extensive mischief by its pressure, to the bones and other neighboring parts. The true polypus then, without being cancer, is a malignant tumor, as it recurs after removal: although not contaminating neighboring parts with any specific poison, it still injures them if in no other way, by pressure. They are generally described as being a "brown or reddish-purple" mass, but they may also be black or gray. The black variety is not common; I have seen but one or two cases, and considered the color to be dependent upon some change that might be going on, and not its proper color. Occasionally they have been seen as a bluish tumor. Although of but little importance, the classification of DUNGLISON may not be inappropriate. He calls them hard, soft, spongy, vascular, granular, mucous, fibrous, fleshy, carcinomatous or schirrous, etc.

7. *Glandular Tumors*.—These tumors are nothing more nor less

than a chronic enlargement and induration of the glands, in whole or in part. For this reason the consideration of them ought to be referred to the chapter on scrofula, as they are more of a hypertrophy than a tumor. They are produced by inflammation usually, though it has been said that they *have* been unaccompanied or preceded by this condition. It seems, however, to be an impossibility.

8. *Fatty Tumors.*—These are the most common of all the forms of tumors, and constitute a very important class of these diseases. They may be found in nearly any part of the body, at almost any age, and of all sizes. The cause (remote) is usually obscure; a blow, the pressure of some article of clothing, as the suspenders, or *any* long-continued pressure will be usually found the exciting cause. A case I operated on three years ago had one on the shoulder that was congenital, and probably hereditary, as her mother had one of the same character. These tumors have been divided into two great classes: the “circumscribed,” or true fatty tumors (lipoma), and the “adipose,” or diffused. This last form is not a disease, nor is it a *tumor*, properly so-called. It is quite amenable to homœopathic treatment. It is nothing more than masses of fat in situations already sufficiently well supplied and distinguished from the normal quantity only by knotty protuberances not well defined in outline.

The true or “circumscribed” form has been divided into two varieties, the “*lipoma*,” and “cholesteatoma.” The former is the most common form of this tumor, and is made up of yellow, oily fat, and cellular tissue more or less firm, invested in a thin capsule, not adherent, but lying loosely and unattached. In form they are more or less lobulated, and not unusually send out irregular prolongations in different directions. Sometimes these lipoma slip down into other situations from that they originally occupied. Although these tumors are usually found to be unattached to the capsule or surrounding parts, it sometimes is found otherwise. A lady came under my care four years ago, with a lipoma on the cap of her right shoulder. She had been under the care of a “cancer doctor,” and it being pronounced cancer, was “duly and legally cauterized” and poulticed. On removing the mass, the base and a portion of the edge was found to be tightly adherent to the skin and muscles, requiring considerable dissection to free it. This, perhaps, was to be credited to the “active treatment” she had undergone.

The cholesteatoma is "a smooth, laminated, white and dry fatty mass, contained in a cyst, and apparently composed of crystalline fat enclosed in meshes of cellular tissue."

9. *Fibro-Cellular Tumor*.—These tumors are found in the case of persons who in other respects are perfectly healthy. They form rapidly, and grow to enormous sizes. The scalp, scrotum, labia and thighs are the usual seat of the affection. They are painless, soft, elastic, round and smooth, of a yellow color, containing a large amount of serous fluid, which can be squeezed out in large quantities, and are invested in a thin capsule.

10. *Fibrous Tumors*.—With these tumors I have had no experience, having never seen but *one* case, and that occurring in the practice of a friend, it will be more satisfactory if I quote at length from ERICHSEN, he giving the best description I can find in the smallest space: "They are met with in various situations, as in the testes and mamma, uterus and antrum, about joints, in the periosteum, in the subcutaneous cellular tissue, and in connection with nerves. The situations in which they are most frequent, and where their structure is most typical, are in the neck, especially in the parotid region, in the uterus, and in the antrum. In shape these tumors are irregularly rounded or oval; they are smooth, painless and movable; they grow slowly, but may attain an enormous size, equal to that of a cocoonut or watermelon. \* \* \* They have been found, however, weighing as much as seventy pounds. They are almost invariably single, and when cut into present a white, glistening, ligamentous structure, being composed of neucleated fibres like those of ligamentous tissue. These tumors may remain stationary for years, and this is the condition in which they are oftenest presented to the surgeon. Eventually, however, they are apt to undergo disintegration, becoming infiltrated, œdematous and softening in the center, or at various points of the circumference; they then break down into a semi-fluid mass, the integuments covering them inflame, slough, and an unhealthy suppuration, mixed with the disorganized portions of the tumor, is poured out, leaving a large and unhealthy slough chasm from which fungus sprouts may shoot up; readily bleeding on the slightest touch, and giving the parts a malignant appearance; the patient eventually falling into a cachectic condition, and becoming exhausted from the hæmorrhage and discharges. In other cases again, these tumors may degenerate into a spongy,

calcareous mass of a brownish color, and hard consistence, but they never undergo proper ossification. More rarely the interior of these growths softens and undergoes absorption, so as occasionally to form cysts of large size, containing fluids of various shades of color."

### SEMI-MALIGNANT TUMORS.

SEMI-MALIGNANT TUMORS are those which, while they are innocent in *appearance*, are malignant in their *course*. That is, they are apt to return after removal in the same place or in some other, and *may* contaminate or implicate adjacent structures. This is the usual classification, but I speak of semi-malignant tumors as those which do recur, and are malignant in everything save the presence of cancer cells. *Cancers* are malignant tumors, and are nothing else in *my* opinion. The varieties included in this class are: the malignant fibrous, recurring fibroid, the fibroplastic, and enchondromatous.

1. *Fibro-Plastic Tumors*.— Sometimes termed "myeloid," and is the "albuminous sarcoma" of ABERNETHY. These are commonly without pain, elastic in feeling, smooth, occurring in young people, and are not apt to return after removal. On examination of a recent specimen, it will be found that on section they are translucent, shining, of a greenish-gray, blue or pink color, and in most cases spotted by marks varying in color from a blood-red to a brownish, or sometimes of a livid hue. When these spots are in great numbers the appearance is one that would justify the term of sarcoma (or fleshy) applied to them by ABERNETHY.

2. *Recurring Fibroid Tumor*.— In appearance, these tumors closely resemble the non-malignant fibroid; they are, however, painful, and very often return after removal. If a microscopical examination be made, there will be seen to be a great difference from the non-malignant tumor. Every succeeding recurrence of the tumor will be found to be more aggravated in malignity than the preceding. PAGET says the examination of a tumor of this kind which resulted in the death of the patient, presented "very narrow, elongated, caudate, and oat-shaped nucleated cells, many of which had sub-divided terminal processes." They usually appear on the extremities, and may attain such an immense size, that amputation will be found necessary.

3. *Enchondroma*.—These tumors are often called “cartilaginous” tumors, and indeed are more commonly known by that name; they may be either non or semi-malignant in their character. When benign, they are small, hard, smooth, elastic, ovoid, round or flattened in shape, seldom attaining dimensions larger than an ordinary orange, and growing slowly and painlessly. The semi-malignant are widely different from the preceding, and do not as frequently occur. They may terminate in ossification, or break down into a soft fistulous tumor, discharging jelly-like matter, and assuming a sloughing character; the integument covering it becoming inflamed, discolored and breaking down into fluctuating masses, which may be easily mistaken for cysts, and have frequently been opened under this impression. They may occur with or without connection with the bones. but most often the latter. The bones of the carpus and metacarpus, and sometimes the corresponding bones of the feet, are the most often affected; when situated in these places, they spring from the interior of the bones; when found in connection with, or growing from the short bones, they are seldom seen larger than a pigeon’s egg, but if found on the larger long bones, as the femur, they may attain an enormous size. When cut into, they bear a strong resemblance to foetal cartilage, and this appearance gave them their name. The non-malignant variety are not apt to undergo this disintegration, usually becoming indurated, and eventually becoming ossified.

#### MALIGNANT TUMOR.

*Cancer* is one of the most terrible of all diseases; under old-school management it is utterly incurable, neither their remedies nor the use of the knife are in the least successful. Homœopathy has cured—and probably will again—many cases of all kinds of cancer, and though not certain in its results, it has done, and can do more than the other systems or so-called schools can do altogether. One reason, perhaps, why the treatment of cancer by medicine has not been oftener attempted by us, is the want of sufficient instruction, or rather literature, on the subject. It is true that enough has been written and published by different men on the subject, but it is scattered through our journals, and in its present shape is of little use to the profession at large. To collect the best of this material has been my task; and I would then



acknowledge my indebtedness to these writers for the material used in writing this section. Nothing remains to be done when your remedies fail; the knife can never eradicate the disease except in some form of encephaloid cancer. You only subject the patient to additional and unnecessary pain, and instead of giving him a "last chance" for his life, oftener take from him any chance at all; the disease is almost certain to re-appear, and each time with more virulence than the preceding. Before going on to speak of the varieties of cancers, let us for a moment only consider the question of operation in such cases. It is the first duty of the surgeon to prevent the necessity for instrumental interference arising; and if this is attempted to be done by medicine, and it fails, it is then too late to operate. On the other hand, if an operation be resorted to in the very beginning, extirpation of the *tumor* may be followed by a cure of the disease. For two reasons this operation is apt to be neglected: 1st, difficulty of diagnosis at such a stage, and 2nd, the fact that patients rarely apply until the disease has made some progress. But if a removal of the tumor is determined upon, never by any means use plasters or caustics; they are the weapons of the empiric and quack, and are, I may say, never successful. Sometime since I had a controversy with a physician who claimed to have cured a number of cases by these means, and in proof of his success cited two cases; one of these he admitted had suffered from a return of the tumor, and the second came into my hands, and ultimately died from secondary cancer, by glandular infiltration. When you operate, use the *knife*; cut wide of the apparent boundaries of the disease. The doctrine that denies the possibility of local disease, is strongly upheld in these cases; the most careless student can readily see that the tumor is but the local manifestation or symptom of a generally diseased body. But to proceed.

Malignant tumors (or cancer), are those which contaminate neighboring structures, return after removal, are accompanied by pain, and destroy life. Cancers have been divided into five varieties; scirrhus, encephaloid, melanosis, colloid and the epithelial. It is a point to be borne in mind, that one or more of these forms of cancers may exist, not only in the same person at one time, but in one tumor. Thus scirrhus and encephaloid have been found in one carcinomatous breast. Let me say a word here on the nomenclature of these diseases. Homœopathic writers very often



confound the words scirrhus and carcinomatous, either through carelessness or ignorance. We speak of cancers *in general* as carcinomatous tumors, whether they be of one variety or the other. LAURIE and many others, speak of scirrhus as being the tumor, and only employ the distinctive name to designate the ulcer. Now scirrhus is a distinct form of cancer.

1. *Scirrhus*. GROSS, in 1845, gave the following description of this tumor, and on examination, I have been unable to find one that is any better at this day:—"It is a hard, crisp, opaque substance, of a light grayish color, with dull, yellowish, fibrous intersections, organized, liable to lancinating pain, occurring for the most part after the middle period of life, and passing sooner or later into ulceration." In short, it is a hard brawny-feeling tumor, calculated not only to destroy the tissues around it, but even the life of the individual. ERICHSEN's description is as follows: "A hard, craggy, incompressible and nodulated tumor, at first movable and unconnected with the skin, but soon acquiring deep-seated attachments, and implicating the integument. It grows slowly, seldom attaining a larger size than an orange." It has a course to run, presenting two conditions, called the "occult" and "open." The ulcer resulting from scirrhus is a foul, fetid, destructive sore, progressing rapidly, accompanied by great increase of pain. Death results from a secondary deposit, either in the glands, when it is a reproduction of the scirrhus, or in some of the viscera, when it is of the encephaloid kind. Fleshy or young people, and women, die much sooner from it than the old, or lean persons. Scirrhus may occur singly, or in several parts of the body at the same time; both conditions are common. An examination of a recent specimen, will disclose the following peculiarities: It creaks under the knife; on taking off a thin slice, it is found to be laminated, flexible and elastic, and if dried, resembles horn. The extreme hardness of these tumors is not so perceptible when handled *after* removal, as they were when *in situ*; this is accounted by WALSH in "the escape of the fluids, and consequent loss of *turgescence*." Fibrous looking lines are seen to run all through these masses, starting from the center, and by GROSS are said to be "the remains of the cellular substance of the affected part;" and this is probably correct. A creamy fluid is also observed on making a section, which is one of the most distinctive marks of its carcinomatous origin. When softened, the tumor resembles a yel-

lowish-brown, semi-transparent jelly. I have had but one case in which a scirrhus returned after removal, that any notes were made of, and from them I find on comparing them with others, that the method of reproduction is about as follows: When the glands are the seat of secondary deposit, the *tumor* is reproduced. But if the disease returns in the cicatrix, it is in the ulcerated form. A scar which has all along looked healthy, takes on a purplish appearance, and soon becomes swollen or raised above the surrounding skin. Later elevations, from the size of a pea to that of a walnut, appear in the substance of the scar, and along its edges; these are of a light pinkish color, and are covered by a very thin, transparent skin, through which small vessels are seen branching out in every direction. Shortly these elevations—which are cone-shaped—become flat on top, turn a greenish gray color, and become depressed; a slough is thrown off, a deep ulcer of a fetid odor is formed, which, spreading rapidly, merges into the next one until all these small ulcers are joined in one large one; or with several large ones, divided by narrow strips of skin. The pus is usually scanty, and thick; sometimes, however, thin and profuse. As these smaller ulcerations increase in diameter, they likewise increase in depth.

2. *Encephaloid*, or *Fungous Hæmatodes*.—This is the most common form of secondary cancer, and is likewise the most malignant, disgusting, and rapid in its growth. It has been met with in nearly every part of the body, but is most commonly found in the eye, ends of bones, testicles, and mamma. It commences as a tumor, which is usually soft and semi-fluctuating from the beginning, or, at all events, soon becomes so; it is soft, elastic, lobulated, grows rapidly, and the skin enclosing it is covered with swollen, tortuous, blue veins. At first the skin is loosely attached, or quite non-adherent, but it shortly becomes adherent, and commences to change color; it becomes livid, inflames, assumes a dark color, and finally gives way. From out of this fissure spring fungous growths, attaining an enormous size, and bleeding profusely. This may be considered the last stage of the disease, for death rapidly ensues. After these granulations spring up, the whole course of the cancer is more rapid, the secondary effects or deposits more marked, and the exhaustion consequent upon the hemorrhage, together with the speedily-developed cachexia, soon wears out the patient. As the deposits of scirrhus are apt to be encephaloid under certain conditions, so the deposits of encephalo-

loid are often scirrhus. ERICHSEN says: "After removal, the tumor is found to be very vascular, displaying, on injection, a close network of vessels. On a section being made, it commonly presents a soft, pulpy, white mass, closely resembling cerebral substance. In other cases, again, its section has been compared to that of a boiled potato, or a piece of boiled udder. On a closer examination, its tissue will be found to consist of a stroma of delicate fibres, supporting the soft medullary, or brain-like structure; this may be seen to be composed, in a great measure, of large quantities of corpuscles—nucleated, compound, and granular, fusiform, angular, clubbed, or caudate, often with two terminations. This form of cancer is met with at any age, and in both sexes, neither is it peculiar to the human species, but is found in animals occasionally, as the horse, dog, and cow. It may exist alone, or be found with tubercle, scirrhus, melanosis, hydatids, and many other morbid growths. The encephaloid matter is deposited in the viscera, either primarily or secondarily, in three distinct forms—*viz.*, the tuberoid, stratiform, and infiltrated. These, for general purposes, are sufficiently well described by the mere mention of the name; at all events, want of space forbids entering too deeply into a description. GROSS says: "It is very common to observe the successive, or simultaneous development of this disease in a number of organs or parts; in fact, there is occasionally a marked encephaloid diathesis." There are some peculiarities about the appearance of this disease in the eye, that demands attention. WALTON ("Ophthalmic Surgery") says of it: "The earliest symptom that generally attracts attention is a shining, yellowish, and deep-seated reflection from the bottom of the eye, as if it contained a piece of metal; this is best seen in particular lights, and somewhat resembles the peculiar appearance of a cat's eye when seen in the dark. \* \* \* As the disease advances, the cause of the metallic reflection becomes evident. It is now seen to be owing to a tumor, springing up apparently from the fundus of the eye, of an irregularly rounded form, generally divided superficially into two or three lobes, and traversed by one or two small blood-vessels, which ramify on its surface; in color it varies from a deep orange hue to nearly white, the most usual being, perhaps, a bright canary yellow. This growth gradually increases in size, approaches the front of the eye, causing absorption of the vitreous humor, and presses upon the lens, which becomes opaque, and in

most instances is ultimately absorbed. \* \* \* Towards the conclusion of this stage the eye is undergoing considerable tension from the internal pressure; it feels hard, its motions are limited. \* \* \* The cornea expands and becomes opaque, the sclerotica, thinned by absorption, allows the dark-colored choroid to shine through it, and is irregular in outline, rising into small, dark-colored knobs where the pressure has been most severe, or the absorption most rapid. In many instances it is so densely covered with large varicose vessels, that no alteration in color is perceptible. The eyelids now become œdematous, and the eyeball prominent, and, apparently, greatly enlarged in size. \* \* \* This stage terminates in the escape of the fungus from the interior of the eye, and this may take place either through the cornea or the sclerotica. \* \* \* The tumor, now released from pressure, rapidly increases in bulk, so as in a short time to distend the orbit and eyelids, and efface all appearance of the eye." Instances are recorded in which this tumor has attained a size equal to that of the head; half as large as the head on which it is situated is a common size.

3. *Melanosis*.—This form of cancer is closely allied to the encephaloid — that is, the minute structure is similar to encephaloid, but there is an abundance of pigmentary material, and the fungus masses are black, or nearly so. It is rarely seen as a tumor, but as a deposit in internal parts; the eye, skin, sub-cutaneous cellular tissue, and sometimes, though rarely, the bones, are the places in which it is oftenest found. GROSS says of it, quoting in part from LÆNNEC: "It is a homogeneous substance, very similar in its structure and consistence to a bronchial gland, of a deep black color, opaque, humid, and slightly unctuous to the touch. This substance, after a while, has a tendency to become soft; the process by which this is affected commencing generally in the center, and gradually proceeding towards the circumference, until it is entirely broken up and dissolved. When this is accomplished, nature sets up an eliminating effort, the surrounding parts take on inflammation, and the heterologous matter is finally expelled, thus leaving a corresponding cavity, which either continues open, is lined with lymph, or else completely obliterated." It appears from this that this form of cancer is the most innocent, and is even rarely attended by a fatal result. He goes on to say: "No age nor sex seems to be exempt from this disease, though it is, without

doubt, much more frequent in the old than in the young. Nor is it confined exclusively to the human subject. \* \* \* What is remarkable, this substance is much more common in white than in colored horses; and the same is true, I have reason to believe, in regard to cattle. \* \* \* The *color* of melanosis, as might be expected, is considerably influenced by accidental circumstances, as the quantity of cruor and cellular tissue entering into its composition. It may be said always to incline to black; but not unfrequently it presents various shades of brown and yellow. \* \* \* In its consistence, melanosis varies from the fluidity of ink to the density of fibro-cartilage." ERICHSEN, quoting from SIR ROBERT CARSWELL, says: "He arranged under the heads of *punctiform* melanosis, in which the dark pigmentary matter occurs in the shape of minute points or dots scattered over a considerable extent of surface. The *tuberiform*, occurring in tumors which vary in bulk from the size of a millet-seed to an egg or an orange, always assuming a globular, ovoid, or lobulated shape, and being principally met with in the cellulo-adipose tissue, or on the surface of serous membranes. The *stratiform* and *liquiform* melanosis, which takes place principally upon serous membranes, or in accidental cavities, when the black pigmentary matter looks not unlike Indian ink."

4. *Colloid*.—This is also called gelatinous, or alveolar cancer. These tumors are rarely seen as a distinct tumor, chiefly occurring in connection with scirrhus, or in some internal organ, hence it is rarely seen except on post-mortem examination. These tumors are made up of cells, the walls of which are of a fibrous character, and are filled with a clear, semi-transparent, yellowish, jelly-like substance, resembling honey. The jelly-like contained matter is very soft, but the whole colloid mass is firm and resisting; it does not attain a very large size, but grows rapidly; it is seldom seen in children. These tumors are sometimes developed in the bones, and also in the ovaries. The most common seat for them, however, is the stomach, and, indeed, all through the alimentary canal.

5. *Epithelial*.—This is called by many eminent men a malignant growth, but to me it has always appeared to partake of the semi-malignant form; or, rather, from the fact that they very rarely are accompanied by secondary deposits, and may be removed without much fear of a recurrence, I consider them to be not *true* cancer.



However, as many of our best surgeons consider them malignant, it does not become me to differ from them. Like cancer, it has a tendency to ulceration, glandular complications, and may induce a cachexia; but, on the other hand, it is comparatively painless, may be removed with safety, and does not cause secondary *visceral* deposits. It is frequently met with on the mucous surfaces, outlets of the body, and sometimes, though rarely, on the skin. They are usually pedunculated, and on section show epithelial scales, packed together in a globular, or a compact form. These cancers occasionally, indeed frequently, rapidly ulcerate, leaving a small, foul ulcer, which seems for a time to be as nearly as possible local.

**Treatment.**—Tumors of either of the three classes are very amenable to treatment in the great majority of cases. It was some time before I could believe that treatment by remedies could ever be successful; that is, the *power* of our remedies to do this I did not doubt, but could not see how we could find symptoms enough to guide us in selecting that remedy. Now this has been made clear to me. You must leave the *tumor* as much as possible out of sight; the symptoms of the tumor itself are few, and not worth much—the patient's ordinary habits, and the departure from the natural performance of all his bodily functions, the disposition, and appearance, must all be taken into consideration. Use no external applications of any kind. And I have found the high attenuations the best; in fact, from the poor success I have had with the lower in these cases, I have no hesitation in saying the low (0, 3d and 6th) cannot cure a tumor. As it is difficult to find many distinguishing *local* symptoms, I will give a rather larger "index" than usual:

NON-MALIGNANT TUMORS: Cystic.—*Apis.*, *Lach.*, *Calc.*, *Graph.*, *Hep.*, *Sil.*

——— Hæmatoma.—*Arn.*, *Ars.*, *Rhus.*

——— Warts.—*Thuja*, *Caust.*, *Con.*, *Lyc.*, *Merc.*, *Natr. mur.*, *Sulph.*

——— Condylomata.—*Thuja*; *Cinnabaris*?

——— Sarcoma.—*Phos.*, *Phos. ac.*, *Calc.*, *Sulph.*

——— Polypi.—*Calc. c.*, *Calc. phos.*, *Arn.*, *Bry.*, *Dulc.*, *Graph.*, *Led.*, *Lyc.*, *Sulph.*

——— Glandular.—*Bell.*, *Lyc.*, *Merc.*, *Nit. ac.*, *Phos.*, *Rhus.*, *Sulph.*, *Ars.*, *Baryta*, *Bry.*, *Calc.*, *Cham.*, *Con.*, *Dulc.*, *Graph.*, *Hep.*, *Kali c.*, *Nat. c.*, *Puls.*, *Sil.*, *Thuja.*



NON-MALIGNANT TUMORS: Lipoma.—*Calc. carb.*, *Calc. phos.*

—— Cholesteatoma.—*Baryta c.*, *Calc. carb.*, *Calc. phos.*, *Lyc.*

—— Fibro-cellular.—*Ac. acet.*, *Ac. nit.*, *Bell.*, *Dulc.*, *Merc.*, *Sil.*

—— Fibrous.—*Phos.*, *Phos. ac.*

SEMI-MALIGNANT TUMORS: Fibro-Plastic.—*Ars.*, *Bry.*, *Lach.*, *Merc.*, *Sulph.*

—— Recurring-Fibroid.—*Ars.*, *Lach.*, *Calc.*, *Dulc.*, *Sil.*

—— Enchondroma.—*Sil.*, *Baryta*, *Calc.*, *Graph.*, *Hep.*, *Led.*, *Sep.*, *Sulph.*

MALIGNANT TUMORS: Scirrhus.—*Bell.*, *Con.*, *Sep.*, *Sil.*, *Carbo an.*, *Carbo v.*, *Nux vom.*, *Staph.*, *Sulph.*

—— Encephaloid.—*Acetic acid*, *Arn.*, *Ars.*, *Artem.*, *Carbo an.*, *Caust.*, *Chelid.*, *Chin.*, *Kreos.*, *Nux v.*, *Puls.*, *Rhus*, *Sep.*, *Squilla*, *Tart. em.*, *Zinc.*

—— Melanosis.—*Acet. acid*, *Arg. nit.*, *Ars.*, *Chelid.*, *Jod.*, *Kreos.*, *Lach.*, *Merc.*, *Nit. ac.*, *Petrol.*, *Sil.*, *Squilla.*

—— Epithelial.—*Acet. acid*, *Arg. nit.*, *Aur.*, *Chelid.*, *Puls.*, *Sulph.*, *Thuja.*

—— Carcinomatous Ulcers.—*Apis*, *Ars.*, *Hep.*, *Sil.*, *Sulph.*, *Lach.*, *Merc.*, *Sep.*

—— Tumors on the Head.—*Ars.*, *Calc.*, *Merc.*, *Rhus*, *Sil.*, *Staph.*; *Chel.*, *Graph.*, *Hep.*, *Petrol.*, *Phos.*, *Sep.*

—— Eyes.—*Bell.*, *Calc.*, *Hep.*, *Sulph.*; *Arn.*, *Ars.*, *Bry.*, *Caust.*, *Cham.*, *Con.*, *Kali*, *Lyc.*, *Merc.*, *Nux v.*, *Phos.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Staph.*, *Thuja.*

—— Nose.—*Aur.*, *Caust.*, *Kali c.*, *Merc.*, *Nat. c.*, *Phos. ac.*, *Puls.*, *Rhus*, *Calc. c.*, *Nat. m.*, *Thuja.*

—— Face.—*Bell.*, *Nux v.*, *Ars.*, *Aur.*, *Carbo an.*, *Caust.*, *Chin.*, *Con.*, *Hep.*, *Kreos.*, *Merc.*, *Nit. ac.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Staph.*, *Sulph.*

—— Mouth.—*Bell.*, *Merc.*, *Nux v.*, *Phos.*; *Calc. carb.*, *Carbo v.*, *Cham.*, *Chin.*, *Lach.*, *Nit. ac.*, *Puls.*, *Sep.*, *Sulph.*, *Zinc.*

—— Neck.—*Calc. carb.*, *Calc. phos.*, *Caust.*, *Merc.*, *Nit. ac.*, *Sulph.*

—— Arms.—*Arn.*, *Bell.*, *Caust.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Sulph.*

—— Chest.—*Apis*, *Arn.*, *Bell.*, *Carbo an.*, *Lach.*, *Nit. ac.*, *Nux v.*, *Puls.*, *Rhus*, *Sil.*, *Sulph.*

—— Back.—*Sil.*, *Arn.*, *Ars.*, *Carbo an.*, *Caust.*, *Chin.*, *Con.*, *Hep.*, *Nux v.*, *Puls.*, *Rhus*, *Sulph.*, *Tart. em.*

**MALIGNANT TUMORS:** Stomach and Viscera.—*Ars.*, *Artem.*, *Hep. Sulph.*, *Tart. em.* (See Colloid, Scirrhus, and Encephaloid.)

——— Legs.—*Ars.*, *Bell.*, *Hep. s.*, *Lach.*, *Nit. ac.*, *Nux v.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Sulph.*, *Zinc*?

——— Male Genitals.—*Arn.*, *Merc.*, *Nit. ac.*, *Nux v.*, *Puls.*, *Sulph.*, *Thuja*; *Ars.*, *Graph.*, *Kali c.*, *Lyc.*, *Phos. ac.*, *Rhus*, *Sep.*, *Staph.*

——— Tumors on Female Genitals.—*Kreos.*, *Nux v.*, *Puls.*, *Sep.*, *Sulph.*, *Thuja*; *Arn.*, *Bell.*, *Calc.*, *Carbo an.*, *Carbo v.*, *Cham.*, *Chin.*, *Con.*, *Graph.*, *Kali*, *Lyc.*, *Merc.*, *Nit. ac.*, *Rhus*, *Staph.*

——— from a Blow.—*Arn.*, *Con.*, *Staph.*

**Acetic acid.** Face pale and waxen; eyes surrounded by a dark circle; cramps and colic in the stomach and abdomen; emaciation. Is recommended by J. C. PETERS, the apostate, for the treatment of warts. It is also the only agent known that will dissolve cancer cells.

**Argentum nit.** Discolorations of the skin, from a blue-gray to violet, or bronze-colored tinges to the real black; swelling of the mouth, with epithelial cancer.

*Worse* in the forenoon, and in the afternoon. Left side.

**Apis mel.** Cancerous ulcer; small ulcers, deep and gray running into one another; burning-itching pain; pus is light yellow and scanty; erysipelatous inflammation of the surrounding skin; dark purple color of old cancerous scars; thirst increased, drinking often, but little at a time.

*Worse* in the morning, evening and at night; also from warmth.

*Better* from cold water, and from pressure. (Left side, G.)

**Arnica mon.** Cancer following a blow; dull tingling pain in an indurated part; red, blue and yellow spots like ecchymosis; vomiting of coagulated or dark-colored blood; feeling of repletion in the stomach, accompanied by loathing; pressure, as if a stone were lying in the stomach. *Pus* bloody.

*Worse* in the morning, evening, and at night; also when blowing the nose, from bodily exertion, when moving, on raising the part, and on turning the part.

*Better* when letting the limb hang down, and from rubbing. Left side.

**Arsenicum alb.** Foul, destructive, easily bleeding, cancerous ulcers; black pustules; burning and corrosive pain in the interior

of the affected part, or of the tumor; the pains are felt at night even when sleeping; black blisters, burning and very painful, changing to cancerous ulcers; (probably *lupoid*, G.) burning in the ulcer or in the margin, or with a lacerating pain when the parts become cold; spreading ulcers, and suppurating crusts on the hairy scalp; cancer of the nose, with ulceration of the nostrils high up, and discharge of fetid and bitter-tasting ichor; cancer of the face with bluish lips, or black color about the mouth; spreading, carcinomatous ulcer on the lips; tumor covered with a hot, and bluish-red skin, turning black and sloughing. *Pus* copious, watery, bloody, corroding and fetid.

*Worse* in the evening and at night; also from cold, from exertion of the body, and in winter.

*Better* from warmth. Either side.

**Artemesia vulg.** This remedy has been recommended by NOACK and TRINCKS for cancer of the stomach. I have had no experience with it, and can find no case cured with it that is undeniably cancer.

**Aurum met.** Cancer of the palate, and nasal bones; cancer of the nose, and cancerous ulcers. (*Lupoid*? G.); low-spirited. *Pus* greenish, ichorous and putrid.

*Worse* in the morning, and at night; also on getting cold, while reposing.

*Better* from warmth, while walking, and from moving. Right side.

**Baryta carb.** Swelling of the sub-maxillary glands, with induration; sensation of soreness of the stomach, while eating it feels as if the food had to force itself through some raw places; sarcoma in the neck, with burning. *Pus* scanty.

*Worse* in the night; also when sitting, and when lying on the sore side.

*Better* when walking in the open air. Left side.

**Belladonna.** Scirrhus indurations; cancerous ulcers, burning when touched; black crust of blood in the bottom of the ulcer. *Pus* scanty.

*Worse* in the evening, and at night; also from cold, on lifting the part, on moving, from poultices, from pressure, in the summer, on touching the part, and on walking.

*Better* when letting the limb hang down, when standing, and from warmth. Right side.

**Bryonia alba.** Swelling of the nose, with very sore pain when touched; nodosities, and indurations on the face; vomiting of solids and not of fluids; burning in the stomach and pit of the stomach, especially when moving; sensitiveness of the pit of the stomach to touch and pressure; the ulcers are putrid, and feel cold. *Pus* scanty, yellow, and fetid.

*Worse* in the evening, and in the morning; also from motion, and from heat.

*Better* when lying on the sound side, on getting warm in bed, and when sitting. Right side.

**Calcarea carb.** Tumors and suppurating boils on the head; polypus in the ear, nose, and uterus; inflamed, swollen, and red nose; pit of the stomach is swollen and painful to pressure; polypus in the bladder. *Pus* copious, putrid and yellowish or whitish.

*Worse* in the morning, evening, and the latter part of the night; also in the cold air, and in wet weather.

*Better* when the garments are loosened. Right side.

**Calcarea phos.** Violent pains in the stomach, with great debility, headache and diarrhœa; the pains are excited by introducing the smallest particle of food into the stomach.

**Carbo animalis.** Scirrhus cancer on the forehead; sudden and short aching from colloid cancer in the pit of the stomach, on taking a deep inspiration; clawing and griping in the stomach. Dry ulcers.

*Worse* in the evening, and at night; also, in the open, cold, or dry air.

*Better* from warmth? Either side.

**Carbo veg.** Pressure and tension around the ulcer; the place is hard and painful to the touch; an ulcer which had been (apparently) cured, breaks open again, and instead of pus emits a bloody lymph: complexion becomes a gray-yellow; paleness of the face, and a drawing pain in the jaws; vomiting of blood; cannot bear any tight clothing around the waist and abdomen. *Pus* bloody, corroding, or yellow.

*Worse* in the morning, and in the forenoon; also in the open air, on getting heated, from pressure, and in the spring and summer.

*Better* from loosening the clothes. Either side.

**Causticum.** The patient cannot bear the pressure of the clothes on the stomach; the lightest food, or even the smallest

quantity, causes a violent lancinating pain in the stomach; scirrhous of the lips, with itching and soreness, which when ulcerated has a violent burning pain. *Pus* bloody, or greenish, and corroding; or thin and watery and yellow.

*Worse* in the evening, and at night; also after eating, from pressure on the sound side of the limb, or of the body, from rubbing, and in clear dry weather.

*Better* when lying down, on loosening the garments, on getting warm in bed, and in damp wet weather. Right side.

**Chamomilla vulg.** Swelling, with hardness and blueness of one cheek; vomiting of the food; oppression of the stomach, as if a stone were pressing downwards; ulcers with darting and lancinating pain at night, and excessive sensitiveness to the touch. *Pus* corroding and scanty.

*Worse* in the evening and at night; also in the open air, from poultices, and from being touched.

*Better* when turning the part. Left side.

**Chelidonium majus.** Old, spreading, putrid carcinomatous ulcers; the pain in the stomach is of a gnawing or digging character; nausea, with sensation of heat in the stomach; burning in the stomach. *Pus* scanty, corroding and putrid.

*Worse* in the morning; also in the open air, and when walking.

*Better* from pressure. Either side.

**China off.** Boring, with painful sensitiveness in the ulcer; beating pain in the ulcer, only when moving the part; putrid-smelling ulcers, with burning and pressing; black and swollen lips; oppression of the stomach after every meal, with spasmodic pains. *Pus* copious, ichorous, and fetid.

*Worse* in the night; also in the open air, on moving the part, and on being touched.

*Better* from warmth, and in dry weather. Left side.

**Cinnabaris.** Soreness in the stomach, with dizziness and lightness of the head and tightness in the temples.

*Worse* in the evening, and at night; also after sleeping.

*Better* in the open air.

**Conium mac.** Bleeding of the ulcers, with a secretion of fetid ichor; a portion becomes gangrenous; concealed cancer of bone; cancerous swelling and induration of glands; (secondary deposit); cancer on the lips; spreading cancerous ulcer on the face; contractive spasmodic pains in the stomach; cancers and cancerous ulcers after contusion.



*Worse* in the morning, and at night; also in the open air, during and after eating, from being uncovered, from pressure, from rubbing, while standing, and on beginning to walk.

*Better* when lying down, when moving the part, and from warmth. Right side.

**Dulcamara.** Warts on the face, and on the hands.

*Worse* in the evening; also when at rest, cold air, and in damp weather.

*Better* from moving about. Left side.

**Graphites.** Smooth, large wens on the hairy scalp, the scalp being hot, and itching very much when walking in the open air; nausea and vomiting after each meal; pulsation through the whole body whenever he moves. *Pus* scanty, and smelling like herring-brine.

*Worse* at night; also from cold.

*Better* from pressure. Either side.

**Hepar sulphur.** Corrosive pain in a cancerous ulcer, that bleeds at the slightest touch; yellow skin and complexion; eruptions around the mouth, lips and chin, which become converted into cancerous ulcers, rapidly spreading; pressure and dull aching pain in the stomach, after moderate eating; cancerous ulcer of the mamma, with stinging-burning of the edges; tumors on the head, sore to the touch; burning in the stomach. *Pus* copious or scanty, and of almost any character; smells like old cheese.

*Worse* in the night; also in the cold air, when lying on the painful side, from pressure, and from being touched.

*Better* from warmth. Either side.

**Iodine.** Complete prostration of strength, and general emaciation; secondary cancerous deposits; dirty, yellow color of the skin; violent vomiting, renewed by eating; spasmodic pains in the stomach, renewed by eating; pulsations in the pit of the stomach.

*Worse* in the evening, and at night; also when lying on the painful side, from pressure, from warmth, and when walking quickly.

*Better* from cold, after eating. Right side.

**Kali carbonicum.** Painful tumors on the scalp, like the beginning of blood-boils, more painful from pressure and motion, and less so from external heat, accompanied by itching as if in the bones of the head, with great dryness of the hair; nausea as if he would faint; itching warts.



*Worse* in the morning, evening, and at night; also from cold, and when lying on the side.

*Better* on getting warm. Either side.

**Kreasotum.** Tightness of the stomach, and of the pit of the stomach, the tight clothing is insupportable; painful, hard place in the left side of the stomach. *Pus* corroding, yellow and putrid.

*Worse* in the morning; also in the open air, on moving, and on eating cold food.

*Better* from warmth. Left side.

**Lachesis.** Melanosis, colloid, or encephaloid cancer; small ulcers are scattered about, with pain in old cicatrices; violent burning; gangrenous spots; cancer of the breast, with lancinating pain; the pit of the stomach is very painful to the touch; inclination to lie down, and aversion to move; ulcers, with great sensitiveness to the touch; ichorous and offensive discharge, and burning when touched, especially around the lower extremities; around it are many smaller ulcers, or small pimples, on a purple skin; pain in old cicatrices.

*Worse* in the evening, or at night; also in the open air, from pressure, and after sleep.

*Better* in dry weather. On the right side.

**Ledum pal.** Burning as if from red-hot coals in the nose; pressure in the stomach after eating a small quantity; painful tumors on the joints; hot, tensive and hard tumors, with tearing pains.

*Worse* in the evening, and at night; also from heat, on motion, and on getting warm in bed.

*Better* from cold. Either side.

**Lycopodium.** Swelling of the upper lip, with a large ulcer on the vermilion border of the lower one; vomiting of food, bile, coagulated blood and matter; tension in the hypochondria as if from a hoop; great emaciation, and internal debility.

*Worse* in the evening, and at night (?); also when lying down, from poultices, and from the pressure of the clothes.

*Better* from cold. Right side.

**Mercurius.** Cancerous ulcers, with a severe shooting and lancinating pain, not relieved by either hot or cold applications; great aggravation of pain from, and sensitiveness to, draughts of air; spreading ulcers; spongy, readily-bleeding and extremely painful ulcers; unequal elevations and depressions in the floor of the

ulcer; swelling of the whole, or only the tips of the nose, accompanied by pain and inflammation, followed by cancer; great pain in the stomach and pit of the stomach, after a meal and on pressure; nausea after a meal. *Pus* thin, ichorous, and acrid.

*Worse* in the evening, and at night; also from motion, on being touched, from heat, and on getting warm in bed.

*Better* from cold, from rubbing, and in dry weather. Either side.

**Natrum carb.** Red nose, with white pimples on it; swelling of the upper lip; sensitiveness of the pit of the stomach to the touch, and when talking; warts which are painful to the touch.

*Worse* in the forenoon; also from any exertion, before eating, and from talking.

*Better* after eating, and from pressure. Right side.

**Nitric acid.** Pain and swelling of the sub-maxillary gland, with induration, ultimately becoming scirrhus; burning sensation in the stomach; tumors caused by an excessive use of mercury. *Pus* bloody and corroding.

*Worse* in the evening, and at night; also when awaking, and from touching the part.

*Better* (pain in stomach) after eructation. Left side.

**Nux vomica.** Ulcers, with pale-red, elevated edges; a painful, though small, scirrhus tumor on the forehead; vomiting of sour-smelling mucus, and dark-clotted blood; great inclination to lie down, or sit; aversion to move about, and to the open air.

*Worse* in the morning, and at night; also from motion, and being touched.

*Better* from strong pressure. Right side.

**Petroleum.** Swelling of the nose, with discharge of pus, and pain at the root of it; sensation of fullness or swelling of the pit of the stomach, with soreness when touched; pain in the pit of the stomach, with sensation as if something were tearing off.

*Worse* in the morning, and in the evening; also when walking in the open air.

*Better* from warmth. Right side.

**Phosphorus.** Swelling and redness of the nose; polypus, nose bleeding readily; painfulness of the stomach to the touch, and when walking.

*Worse* in the evening, and at night; also after eating anything warm, when lying on the back, or on the side.

*Better* from rubbing, and after eating something cold. Right side

**Phosphoric acid.** Discharge of bloody pus from the nose; swelling of the dorsum of the nose; with red spots.

*Worse* in the morning, and evening.

*Better* from motion, and from pressure. On either side.

**Pulsatilla.** Tumors on the scalp, suppurating and affecting the skull; the nose feels sore internally and externally. *Pus* is copious and yellow.

*Worse* in the evening, and at night; also when beginning to move, when lying on the left or sound side, in a warm room, and from warmth.

*Better* in the open air, when moving, walking slowly. Right side.

**Rhus tox.** Discharge of green, offensive pus from the nose; sensation as if something were torn off in the abdomen; tumors which become inflamed, and followed by erysipelas.

*Worse* in the morning, and at night; also during the winter, when at rest, on stepping heavily on the ground, when the weather changes, in wet weather, and from cold in general.

*Better* from motion, and from warmth. Right side.

**Scilla maritima.** Pressure in the stomach, as from a stone.

*Worse* in the morning, also from motion. Left side.

**Sepia.** Tumor on one side of the head above the temple, with itching, sensation of tearing and coldness in it, painful on its being touched; nose is swollen and inflamed; nausea and vomiting after eating; aversion to the open air; want of natural heat.

*Worse* in the forenoon, and in the evening; also from stretching out the affected limb, when at rest, and after eating.

*Better* from warm air, and from exercise. Either side.

**Silicea.** Painful dryness of the nose; scirrhus induration of the upper lip and face; continuous nausea and vomiting; vomiting whenever he drinks; sensitiveness of the pit of the stomach to pressure; blood-boils and warts on the arms; the lower limbs "go to sleep" easily. *Pus* thin; putrid, acrid ichor.

*Worse* in the night; also in the open air, from cold, on getting wet, after eating, when lying on the painful side, from pressure, and when the weather changes.

*Better* from warmth. Right side.

**Staphisagria.** Scurfy, and burning painful lips, with pain in

the sub-maxillary glands, with or without swelling; cutting pain in the abdomen after eating and drinking.

*Worse* in the morning, forenoon, in the afternoon, and at night; also when moving, and from pressure.

*Better* when lying down in bed, and after lying down. Right side.

**Sulphur.** Swelling, inflammation; and dryness of the nose; the region of the stomach becomes very painful to the touch, even to the weight of the bed-clothes.

*Worse* in the evening, and the night; also on getting warm in bed, when walking quickly, from bodily exertion, when resting, when standing, from wet poultices, and on touching the part.

*Better* during motion, on getting warm, and in dry weather. Left side.

**Tartar emet.** Face pale and sunken; continuous desire to vomit; pulsation in the pit of the stomach.

*Worse* in the evening; also when sitting, and from warmth.

*Better* in the open, or cold air. Left side.

**Thuja occident.** Warts on the nose; lips pale and swollen; swelling of the pit of the stomach; emaciation and deadness of the affected limbs; condylomata large and seedy, and frequently on a pedicle.

*Worse* in the evening, and at night; also in cold and wet weather, and from the heat of the bed.

*Better* in wet weather, if warm. Left side.

**Zincum met.** Pressure at the root of the nose, as if it would be pressed into the head; the nose feels sore internally; pale face; vomiting of blood, and burning in the stomach.

*Worse* in the evening; also after eating, and in the warm room.

*Better* in the open air.

#### OPERATIONS.

The operations may be summed up in a few words: Of course all operations in surgery should be the last resort; in no other class of diseases is this so important as in this. Innocent tumors may be perhaps always removed, semi-malignant ones rarely, and cancer, with the exception of epithelial, never. The conditions calling for a removal of a tumor are—1st, when the growth is of large size, and has been present for a long time; 2nd, when

the pressure is causing an absorption of neighboring parts ; 3rd, when important vessels, nerves, or canals are being compressed, such as the trachea, œsophagus, etc. ; 4th, when your remedies do no good, after a reasonable time has elapsed.

The instruments absolutely necessary are a scalpel and dissecting forceps ; but for fear of accidents, or unlooked-for adhesions, the following had better be added to the list : Tumor- and artery- forceps, metallic retractors, tenaculum and aneurism needle. All varieties of encysted tumors which are subcutaneous, and all others, whether encysted or not, except those that are in one of the large so-called cavities, are removed in the following manner:—

If the tumor is large, make an elliptical incision (0) sufficient to take up the superabundant integument, and if possible, enucleate the mass with the finger or the handle of the scalpel ; this is easily accomplished if the tumor is encysted, or non-adherent. Should the opposite of this be the case, the edge of the knife must be used very sparingly. When vessels are wounded, and the dissection is apt to be a prolonged one, it will be best to ligate them as soon as cut ; in general it may be left until the last. When the tumor is small, as there will be no loose skin, a simple crucial incision (+), or a longitudinal one, will be the best. Polypi may be excised, ligated, or twisted off. The two last are the best procedures. Other tumors need no special mention, excepting ovarian cysts, and these have been spoken of in the proper chapter.

After removing the tumor, wash out the cavity thoroughly with *Calendula* and water (one-third of the drug), and see that all hemorrhage is arrested. Leave the wound open until this occurs, and then close it with stitches close together, bandage quite firmly, and give one or two doses of *Rhus*. On the second day give *Staph.* 6, in water, about three times a day, and if supuration threatens, use *Calend.* in place of it. Should pus form, give *Hep. sul.* 6.



## EFFECTS OF HEAT AND COLD.

## BURNS AND SCALDS

THE application of heat may produce either a burn or a scald. Of burns we recognize five distinct varieties — simple inflammation; blistering of the skin; charring of the skin; charring of skin, fascia, and soft parts; and complete destruction of the whole limb or part.

*Inflammation* is of little moment, unless some of the mucous passages are involved. Usually the use of *Urtica urens*, either topically or internally, will relieve the pain instantly. If the inflammation, however, should be intense, *Acon.* or *Bell.* may be called for.

In *blistering* of the skin the treatment is the same. Never open the blisters, nor use any oil or grease at any stage of the treatment. Indeed, this applies with equal force in the case of any of the varieties.

In *charring* of the skin, we are sure to have a slough, and the sooner the better. Aid, then, this process by the use of poultices. When the slough is nearly ready to come away, *tear* it off, and dress the ulcer with *Calendula*. The pain, which at first is quite severe, can be very materially abated by the use of *Urtica urens* before applying the poultice, or even adding it to the poultices. After the separation of the slough, in addition to using *Calend.* topically, give the same remedy at *least* as high as the 6th, internally. As deformity is liable to occur during the process of cicatrization, have the parts *lightly* bandaged, thoroughly excluded from the air, and dressed at very long intervals.

*Charring* of the skin, fascia, and muscles usually calls for amputation at once. There is no time for delay or consultation, if the main arteries are destroyed, as every moment adds to the patient's danger. Waiting for a "line of demarcation" is useless if the case is seen within, say, an hour after the accident. Make the incision, however, in healthy skin far removed from the limits of the accompanying inflammation. When the trunk is so injured, death will probably ensue; it will almost certainly follow if opiates



or anæsthetics are used. The pain can be much relieved, perhaps *entirely*, by the use of the appropriate remedies — *Acon.*, *Bell.*, *Canth.*, or *Urtica urens*, according to circumstances.

One prime condition for immediate amputation is, that as charring does not permanently close the vessels, the process of sloughing causes a sudden hemorrhage which will likely prove fatal. Should this not occur, but the arteries be destroyed and occluded, the limb is to be condemned from loss of nutrition.

Of course, in complete destruction of a limb, there is nothing to be done but amputation, if possible.

*Scalds* are to be treated in the same manner as burns, as they produce the same destruction, minus the charring.

**Treatment.**—After all that has been said on this subject, it is evident to nearly every one that the first indication is the total exclusion of air. How this is to be done is a different matter. Cotton batting, complicated bandages, etc., are to be prohibited, from the heat they induce. The use of linseed oil, petroleum, etc., are equally bad, as greasy substances are not very favorable to rapid recovery. We need a light, dry, and air-tight dressing. Nothing fulfils this necessity as well as chalk, or flour, or white of eggs, mixed to a thin paste. After the first treatment to allay pain, apply this dressing, and never remove it until it becomes offensive, or the healing process is fairly established. In either event, remove a small portion only at a time, and re-apply it before removing more.

#### COLD.

THE immediate effect of severe cold is commonly known as “frost-bite.” The part so affected is usually actually frozen, and may, if severe, be followed by gangrene. Under the best of circumstances unpleasant sequelæ remain, such as itching from heat (*Fragaria vesca*, *Puls.*), bunions (*Ant. c.*, *Apis*, *Ars.*, *Calc.*, *Graph.*, *Lyc.*), or chronic inflammations (*Agaric.*, *Apis*, *Ars.*, *Canth.*, *Caps.*, *Graph.*, *Lyc.*, *Merc.*, *Nat. m.*, *Rhus*, *Sulph.*).

The immediate effect may be successfully removed by brisk friction with snow, or immersion in ice-cold water, with a preference for the former. Avoid warmth, or taking the patient into a warm room; have him carried into a shed or stable, or, if that is impracticable, treat him in the open air. When life returns into the frozen member, there may be a great deal of burning pain, which may be readily controlled with *Arsen.* or *Carbo veg.* Should

mortification occur, and amputation seem necessary, do not wait for a line to form. Recent experience has taught me this : If the gangrene is general — *i.e.*, involves the whole part, as a foot or hand — it *must* be amputated. If allowed to detach itself, you will have a tender, sensitive stump, almost beyond the reach of cure. If only partial, *never* amputate, treat with *Ars.* or *Lach.*, and the slough will soon be cast off, and granulations restore the part — partially, at least.

As regards the numerous sequelæ spoken of, one of the following remedies will usually much relieve, if not affect a thorough cure :—

**Agaricus m.** Pains are diminished and removed by movements ; pains come on, or are worse, when sitting ; burning, itching, and redness of the fingers ; small white pimples are brought out by scratching a burning-itching place, and are followed by scaling off of the skin ; itching, burning, and redness of the toes, followed by desquamation of the cuticle.

**Arsenicum alb.** When sitting, or on lying down, the pains become intolerable ; amelioration on standing, by moving the part and from warmth ; sometimes relief is experienced by firmly compressing the part ; hands stiff and insensible ; on the tips of the fingers burning ulcers ; pains in the feet ; hot, shining and burning swelling of the feet ; ulcerating and spreading blisters on the feet ; (bluish redness of the sides of the feet). Itching burning of the chillblains in damp, thawing, spring weather.

*Worse* on being touched.

*Better* from firm pressure, and from heat of the fire.

**Belladonna.** Pains worse at night, and aggravated by the least movement ; erysipelatous inflammations and red spots as if from flea-bites ; lameness and drawing pain in the elbows and fingers ; burning and digging sensation in the soles of the feet ; stinging pains in the soles of the feet ; pain as if from a bruise in the heel when treading upon it ; very considerable inflammation of a bluish-red color, attended with a creeping or tingling sensation.

**Carbo veg.** Drawing in the metacarpal bones ; lacerating in the palm of the hands and wrists ; itching, fine eruption on the hands ; lacerating in the fingers ; burning in the soles of the feet, which are also painful when walking ; swelling and redness of the toes ; stitches of the toes ; tips of the toes are ulcerated. Follows well after Arsenic.

**Fragaria vesca.** Pain in the chillblains during the hot season. (LIPPE). This remedy, when it can be procured, is oftener used by applying a berry to the part, retaining it with a light bandage.

**Lachesis.** Swelling of the hands, with itching and tingling; vesicles, with itching and burning, on the hands and fingers; stinging and also burning in the tips of the fingers; gangrenous ulcers on the fingers; small itching vesicles on the fingers; lacerating in the feet; swelling of the feet; small, white, hard, deep vesicles, preceded by violent itching; cracked skin, between and on the toes; inflammation, and suppuration of old chillblains.

**Muriatic acid.** A common empirical prescription, often successful, is to bathe the feet every night and morning, in water medicated with the acid, about the proportion of ten drops of the acid to a pint of water.

**Nitric acid.** Itching and swelling of the hands and fingers; feet swollen and painful, with fetid sweat; stitch in the heel on stepping; painful sensitiveness of the toes, and of the soles of the feet.

**Natrum mur.** Although no connection can readily be seen in the symptoms, yet many cases have been cured by me who had intense burning and tenderness of the soles of the feet, painful when walking, with stinging vesicle on the tip of the tongue and sensation as if a hair were lying on the tongue.

**Petroleum.** Pain in the wrist-joint as if sprained; burning of the palms of the hands; rough, chapped finger-tips, with stitches and cutting pains; swelling of the feet, with blisters on the heels and between the toes.

**Phosphorus.** Tremor and itching of the hands; the tips of the fingers feel numb and insensible; periodical contraction of the fingers like cramps; paralysis of the fingers.

**Pulsatilla.** Inflammation of a livid hue; itching and beating in the part; painful stiffness in the wrist-joint, or numbness as if sprained; hot swelling of the feet that extends as far as the calves; tensive, burning pain, increasing to stitching pain when standing; itching and tingling in the toes; chillblains worse in warm weather, and better from cold applications.

**Sulphur.** Redness and swelling of the hands and fingers; lacerating in the fingers; creeping and prickling in the ends of the fingers; deadness of the fingers in the morning; stiff, red finger-joints; cramps in the sole of the foot at every step; ulcerated vesicles on the soles of the foot; swelling of the foot.



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